

CHEMIST & DRUGGIST

The newsweekly for pharmacy

October 11, 1986

a Benn publication

Guild votes
61:39 for
pay offer

Clothier under
attack at
Lincs LPC
Conference

Three new
faces on
PSNI Council

Chemists need
more muscle,
says 'Verdict'

BPC tackles drug
name confusion

Leeches — an
old cure back
in fashion

Topics in
treatment



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THIS LITTLE BABY'S ON THE BREAST.



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Features Editor:

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Technical Editor:

Robert Darracott, BPharm, MPS

Contributing Editor:

Adrienne de Mont
BPharm, MPS

Business Reporter:

Nia Williams, BA

NPA Reporter

Liz Hunt BPharm MPS

Art Editor: Jack Parker

Price List Controller:

Colin Simpson

Advertisement Manager:

Peter Nicholls JP

Assistant Advertisement

Manager:

Doug Mytton

Production: Shirley Wilson

Publisher:

Ronald Salmon FPS

Director:

Christopher Leonard-Morgan

Published Saturdays
by Benn Publications Ltd
Sovereign Way, Tonbridge,
Kent TN9 1RW
Telephone: 0732 364422
Telex: 95132 Benton G

Subscriptions: Home £58 per annum.
Overseas & Eire £72 per annum in-
cluding postage. £1.20 per copy
(postage extra). Member
of the Audit Bureau of **ABC**
Circulations

Regional advertisement offices:
Midlands 240-244 Stratford Road, Shirley,
Solvihull, W. Midlands B90 3AE 021-744
4427. North East and North West Graeme
House, Chorlton Place, Wilbraham Road,
Manchester M21 1AQ 061-881 0112 West
Country & South Wales 10
Badminton Road, Downend,
Bristol BS16 6BQ 0272 564827

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COMMENT



Hospital pharma-
cists have voted to
accept the recent
pay offer giving 6
per cent to most, 17 per cent to
basic grades, and, for the first
time, cash to those undertaking
emergency duties.

But the majority voting for
acceptance in the ballot, held on a
recommendation from the staff
side negotiators to accept, was a
narrow one — 61 per cent to 39
per cent — in contrasts with 90
per cent plus support for the
Guild stance in earlier votes and
suggests many voted with a
heavy heart.

Opposition has centred on
what was seen as a rush to push
through the ballot, and a sudden
turnaround of the staff side in
accepting an offer only
marginally improved on the last,
decisively rejected one.

But when the offer was
announced, the staff side
negotiators were firmly
convinced that, when compared
with rises offered to other NHS
employees, the offer was the best
possible in the circumstances.
On emergency duties, many
previous sticking points had



been resolved in the staff side's
favour. And Guild secretary Dr
David Bird is quick to point out
that this year's settlement is only
stage one on the road to
providing the pharmaceutical
service, envisaged by Nuffield,
that fulfils all patient needs.

The salary rise is not enough;
that is obvious. It will do nothing
to recruit pharmacists back into
the managed service when they
have tasted the "nice little
earners" being offered to
community pharmacy man-
agers. It remains to be seen
whether pre-registration
pharmacists will see the 17 per
cent rise for basic grades as
enough of an inducement to stay
on. It seems unlikely.

With the pay offer backdated
to April 1, it is now only six
months to the next April 1,
settlement date. Staff side
believes it has a base to build on,
and chairman Bob Timson says
that salaries for staff pharmacists
and above are priorities this time
round.

Meanwhile, the crisis
continues. At Croydon's Mayday
hospital, principal pharmacist
Trevor Lowenhoff is running the
pharmacy with only one out of
seven junior staff. Mr Lowenhoff
is not alone among hospital
pharmacists who have, over the
past few weeks, got their PR act
together, and local newspaper
coverage is serving to highlight
the nationwide problem. But
who knows what the situation will
be come Christmas let alone
April. Society president Dr
Geoff Booth in a radio interview
during the British Pharmaceu-
tical Conference, repeated his
intention to press the Department
of Health for an inquiry, once an
initial settlement had been
concluded.

The Depart-
ment must respond,
and now!



Hospital pharmacists accept pay offer

The Guild of Hospital Pharmacists has voted by 61 per cent to 39 per cent in favour of accepting the management side's recent pay and emergency duties package. Turnout in the ballot, concluded last Friday, was over 60 per cent.

Management side have been formally notified of the result, and the agreement will be implemented as soon as staff side agree on the text of an "advance letter." The agreement provides, among other things, for a general increase in hospital salaries of around 6 per cent, with a 17 per cent increase in basic grade scales and, for the first time, pay for hospital pharmacists who agree to give a commitment to provide emergency duties. Salary increases will be backdated to April 1, and the emergency duty agreement will date from October 1.

The Guild accepts that the ballot result was narrow "for an offer worth twice the 'going rate' in NHS negotiations this year and well ahead of most private sector settlements." Dr David Bird, secretary to the Guild, believes this is a reflection of the widely held view that the offer still leaves hospital pharmacy very uncompetitive with other branches of the profession, and will do little to redress the major problem of retention of staff and even less — if anything — to aid

recruitment.

"A very substantial pay increase will be needed next April as the second stage in this exercise to raise salaries to realistic levels, and to permit the type of developments commended in the Nuffield Report," he said.

The agreement brings to an end the six year dispute over emergency duty payments, with pharmacists agreeing to provide the service receiving £1,056 (basic grades), £1,128 (staff) or £1,200 per year (principal), with time off *in lieu* (TOIL) related to time worked. Higher grades will receive around £900 per year.

Staff side remains convinced item of service payments could not have been obtained by negotiation, hence the TOIL provision. The nature of emergency service provided will be a matter for local negotiation, and the "advance letter" will include a statement on the pharmacist's professional judgment which may be exercised in responding to calls. "It is neither side's intention that pharmacists should be exploited as a result of these arrangements," Dr Bird said.

He reiterated that it was only stage one in a campaign to create a hospital service that fully meets patient needs. "Guild Council urges the membership to participate as enthusiastically in stage two — which begins immediately — as they have before," he concluded.

FPCs support pharmacy's role

The Society of Family Practitioner Committees is supporting proposals in the Government's Green Paper on Primary Health Care aimed at making the best possible use of pharmacists' skill and knowledge.

The Society would encourage the voluntary registration of patients with pharmacies but is not convinced compulsory registration would be justified. Having long advocated a rational distribution of pharmacists, the Society is pleased that this will be embodied in the new contract. The Society would also welcome involvement in discussions on standards of service to be delivered to the patient and arrangements for their monitoring.

These views, expressed in a document

replying to the Green Paper, were approved at the FPC Society's annual meeting last week in Torquay.

Brent and Harrow expressed concern at the increase in armed attacks in pharmacies and urged the Secretary of State to provide funds for improving security. Although not debated, this matter was referred to the FPCs Society's council for urgent consideration.

The meeting passed a resolution calling for FPCs to be empowered to refer possible breaches in contractor's terms of service to the service committees for investigation. Other motions carried were that the Secretary of State should make development funds available to FPCs to help them pilot schemes for promoting health and improving services, and that there should be incentives for introducing a standardisation computer system into general practice.

Bolton pharmacist Mrs M.J. Rothwell was re-elected to the Society's council.

BPC consults on drug naming

Confusing drug names could become a thing of the past if a British Pharmacopoeia Commission discussion document achieves its aim.

The BP Commission and the Department of Health consider that neither the Medicines Act 1968 nor the Trade Marks Act 1938 provide the Medicines Division with adequate powers to ban a proprietary name for a medicinal product. While it could be argued that an unacceptable name compromises patient safety, giving grounds for withholding a licence, the commission points out that a multinational could spend thousands of pounds registering a trademark throughout the world. Both the BPC and the licensing authority prefer a solution by an agreed code of practice.

The BPC has circulated for comments a draft code to interested organisations.

The code would ban or discourage:

- Similarly spelt or sounding trade marks. Danol/Daonil confusion happens all too often, the Commission itself mentions Hypovase/Innovace.

- Names consisting wholly of initial letters, acronyms or code numbers (BCNU, CCNU), though the Commission says that names like DF118 and M&B 693 are distinctive by virtue of rarity.

- Misleading therapeutic or pharmaceutical connotations. The Commission quotes Bolvidon, which it says suggests an anabolic steroid, rather than an anti-depressant.

- Closely related "family" names eg the Tenormin, TenorminLS, Teneretic.

- Words such as "Forte", "strong".

- Detached letters (eg Atromid-S, Dalacin C), which should only be used when a related product has the same trade mark. The Code also contains an appendix of standardised additional letters.

- The qualification of products in a range by a single attached letter (eg Betnovate C, Betnovate N, etc).

- Detached numbers, unless each product in the range is to bear a number (Orovite 7/Orovite). Numbers 1, 2 and 3 should be avoided as they could be construed as part of the dosage instruction.

- Misleading use of numbers to denote strength — "the only grounds on which the use of terminal numbers can be justified".

- Brand names that are similar to the approved name or a shortened version of it (eg Tamofen, Erythrocin).

- Branded generics.

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Drug warnings a 'professional duty'

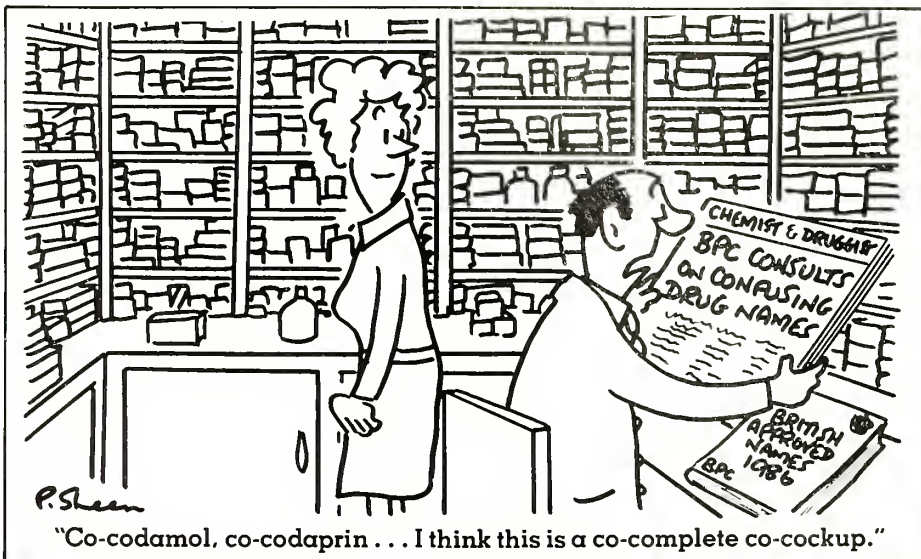
An American court has found a pharmacist guilty of negligence for failing to warn a patient of the side-effects of a drug.

A pharmacy "had a legal duty to exercise due care and diligence in the performance of its professional duties," the Superior Court of Pennsylvania said on May 7, according to a report in the *American Journal of Hospital Pharmacy*.

The patient at the centre of the case had received a prescription for 12 Cafergot suppositories to be inserted "every four hours for headache". But the dispensing pharmacist did not give any additional instructions or warnings.

In three attacks over the next six months, the patient used three or four, and five to six suppositories, each following the "every four hours" instruction. And the pharmacy twice refilled the prescription. Two days after the third headache, the patient began having discomfort in her right foot, which, after evaluation, was put down to the toxic effects of a Cafergot overdose.

In dismissing the appeal, the court ruled: "A pharmacist is a professional. Public policy requires that pharmacists who prepare and dispense drugs and



"Co-codamol, co-codaprin . . . I think this is a co-complete co-cockup."

medicines for use must be held responsible for the failure to exercise the degree of care and vigilance commensurate with the harm which would be likely to result from relaxing it."

The appeal court also denied the pharmacy's appeal that its liability was secondary to that of the physician, who it was said, had authorised the repeat prescriptions. "If a safety net of overlapping responsibilities is necessary in the best interests of patients, it is not for the judiciary to dismantle that safety net and leave patients at the peril of one man's frailty."

The Pharmaceutical Society's Council has decided that, from January 1, 1987, it should be a matter of professional conduct for prescribed medicines to carry the cautionary and advisory labelling recommended in the "British National Formulary".

payments for every patient started on a product and of some physicians who were offered £500 for each five patients treated with a new non-steroidal anti-inflammatory drug. "We are concerned that such inducements might influence the prescribing patterns of doctors", says the working party.

The report, "The relationship between physicians and the pharmaceutical industry," is intended as a guide to doctors rather than a critique of the industry. The RCP recommends that any benefit must leave the doctors' independence of judgment impaired and in deciding what gifts are acceptable a useful criterion may be: "Would you be willing to have these arrangements generally known?"

The provision of modest refreshment at a conference should be construed as reasonable; a lavish private dinner party at a restaurant should not, nor should companies be expected to extend hospitality to spouses. All doctors should be made aware during their training of the dangers of compromising their professional judgment by accepting or demanding favours from pharmaceutical companies, the report suggests.

Only 'essential' drugs dispensed

Up to 900 people a month in Cheshire only have part of their prescription dispensed, according to a report recently handed to the Family Practitioner Committee. On a national basis this would equate to around 40,000 part-filled scripts every month.

The report was commissioned by the FPC after concern that, for financial reasons, ill people who have to pay prescription charges were only selecting "essential" medicines from multiple item scripts.

Replies were received from 56 of the FPC's 170 pharmacies in a three month survey conducted by business studies student Rachel Jones, on a year's placement from Leicester Polytechnic.

There are about 970,000 people in the FPC's area and an average of seven items were prescribed per person last year.

The report is to be circulated to the local pharmaceutical and medical committees for comment.

DHSS consults...

Secretary of State for Social Services, Mr Norman Fowler will head the team taking evidence on the pharmaceutical services, at a public consultation meeting on December 10 at Hannibal House, Elephant and Castle, London.

Further meetings take place on: October 28, Hannibal House, the Complaints Procedures, chaired by Mr Newton, October 31 at University of Exeter, Crossmeads' Conference Centre, on Prevention, chaired by Mrs Edwina Currie Under Secretary of state for health; November 5 at Hope Hospital, Salford, on Community Nursing Services, chaired by Mr Newton; November 10 at the General Infirmary, Leeds, on the Quality of Primary Healthcare Services, chaired by Mr Newton; November 27, at Hannibal House, on General Dental Services, chaired by Mr Newton.

These six meetings conclude the programme of public consultations under the Government's review of primary healthcare.

Doctors 'demand hospitality'

Some doctors are demanding gifts and hospitality from drug companies, says the Royal College of Physicians in a report published this week.

Doctors occasionally demand hospitality before agreeing to see a pharmaceutical representative and sometimes these requests even extend to their wives. "We heard of instances in which a company wished to show a promotional and/or informational film but doctors had made it clear they would not attend unless the film was shown with a meal organised at a restaurant of their choice," says an RCP working party.

Companies receive many letters from doctors soliciting funds to attend meetings abroad, but most of these requests are refused. One doctor even stated that unless his request was granted he would stop prescribing the company's products.

The working party heard evidence of doctors being offered gifts or cash

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NPA concern over Government red tape for generics payment

"The ludicrous face of bureaucracy" is how one National Pharmaceutical Association Board member described NHS remuneration for dispensing generics, at the September meeting.

And during discussion unanimous concern was expressed by Board members at the "apparent undermining" by the Department of Health of the "cost plus" basis of NHS remuneration.

Where doctors prescribe a particular brand, pharmacist contractors are required by their Terms of Service to dispense precisely that product. However, if it is a generic preparation, they will only be paid on the Drug Tariff scale which might be lower than the lowest price at which the pharmacist could obtain it.

The Board expressed support for the Pharmaceutical Services Negotiating Committee in attempts to persuade the DHSS to follow a more reasonable course. The Board also agreed to lend public support to PSNC in their efforts to change the present system which does not allow pharmacists to alter prescriptions which have been inadvertently written for black listed proprietary preparations, even if it is the only form of the product available.

Poisons: As part of its steps towards "lifting the burden" of bureaucracy affecting small businesses, the Home Office is seeking consultation on the abolition of part two of the Poisons List. Registration of "listed sellers" with local authorities would no longer be required. The Board is in favour of abolishing unnecessary rules and regulations. But felt it could not support such a proposal, because of the potential hazards posed.

Patient information leaflets: The Board considered a letter received from Professor Graham Shaw, head of the School of Pharmacy at Trinity College, Dublin. He asked whether the Board agreed that written information for patients was better provided in leaflets handed out by the pharmacist rather than as pack inserts. The Board wholeheartedly supported Professor Shaw's opinion. It was felt that the function of leaflet was to support rather than replace any advice or counselling provided personally by the pharmacist.

Computers and wholesalers: Mr Peter Taylor, the Board Member from Stoke-on-Trent and chairman of the computer sub-committee introduced a debate on

whether or not pharmacists should be permitted to place orders with their wholesalers using computer equipment other than that supplied by the wholesaler concerned. He reminded the Board that one of the main objectives in launching and supporting the PIP code was to avoid pharmacists being tied to a particular wholesaler by a computer code or a dedicated computer system.

The Board members accepted wholesaler's natural reluctance to permit access to their computers via systems which might be inadequate for the purpose but, felt that a pharmacist should be permitted to use his own system to place orders. And he should not be penalised when he did so by losing discount.

The Board was told that one major wholesaler was currently engaged in trials which, if successful, would enable a large number of NPA members to place orders using their own computers.

Publicity and public relations: The Board has agreed that the NPA should sponsor a leaflet for the "Health care in the High Street" leaflet stands. The production of a leaflet on the safe use and care of medicines, "Advice on medicines," is to be considered.

The Board congratulated Press and publications officer Mrs Tanya Turton on her success in increased exposure for pharmacy on local radio. There have been at least seventy interviews broadcast with pharmacists since February.

Parliament: The SDP's "Green Paper" entitled "Changing and renewing the Health Service" had been considered. The views of the NPA had been sought by Mr Charles Kennedy MP, the Alliance health spokesman, and it was agreed to welcome the proposals which were in favour of the new contract, and against leapfrogging.

The committee agreed to prepare a list of "lobbying priorities" for the forthcoming Parliamentary session.

Training: NPA training officer, Ailsa Benson, reported the response to courses being held outside London was patchy. The Board was surprised at this as the regional courses had been provided to meet an apparently substantial demand from members in the provinces.

It was reiterated that participation in YTS required a firm commitment from the employer as well as from the trainee. Mrs Benson and her assistant Miss Margaret Limond had arranged a nationwide series of meetings to brief members participating in YTS but the attendance at the meetings



Pharmacist Frances Ramsay wins a £1,500 travel voucher at Unichem's trade show raffle in Bristol. Mrs Ramsay, of Teignmouth, Devon, is pictured here receiving her prize from Unichem's Exeter general manager, Mike Palmer

had been low. The Board agreed that it should be emphasised to every member that it was not a "soft option" or a source of cheap labour. The Manpower Services Commission is proposing that YTS supervisors be given training themselves before being approved for the scheme. **Business Services:** The meeting of the Business Services committee, reported that orders for the 1987 "health hints" calendar were already 20 per cent up on the previous year.

The results of a market research survey amongst NPA members indicated that all had given a favourable reception to the "Pregnancy and Baby Care" book which had been distributed in the Spring. Of the pharmacists questioned, 94 per cent had asked for the distribution to be repeated. In light of the survey it was agreed to co-operate again with the publishers and the Royal College of Midwives.

More claims of false drug data

The Department of Health is looking into allegations that scientists submitted false data to win approval for Suprol.

An article in *The Guardian* last week claimed that Johnson & Johnson in the USA had falsified data in their licence applications. However the company had said the data were removed before approval was given by the Food and Drug Administration. The article quotes "senior sources" as saying there was little doubt the data submitted to the FDA were the same as those submitted to the Committee on Safety of Medicines two years before.

The Department is checking whether the alleged false reports were considered when licensing approval was granted in the UK. These reports would have been considered only in context with other clinical trial reports, a spokeswoman added.

Judge extends Opren deadline

A High Court judge has extended the deadline for registering claims of damage from alleged victims of Opren by two months, from October 1 to December 1.

And Mr Justice Hirst attacked doctors and health authorities who have failed to disclose vital medical records for their "very disappointing" response to his appeal for full co-operation. Notes and medical records are vital evidence in the cases being brought against Eli Lilly, its British subsidiaries and the Committee on the Safety of Medicines.

A team of solicitors acting for the Opren Action Group has issued writs in 1,080 cases and the judge said that more than 200 other cases were in the hands of lawyers. The judge said that complete notes had been made available in only 150 cases and there had been partial disclosure in a further 110 cases. And he said there was "a real risk" that any doctor or health authority who had to be ordered by the courts to hand over records would be held liable for legal costs running into thousands of pounds in each case.

Mr Justice Hirst has taken personal responsibility for guiding the Opren damages litigation through the courts. Lawyers believe 15 or so "lead cases" will be tried within two years, providing the basis for disposing of all the claims.

Extending the deadline for delivery of details of claims, the judge said the number of new cases had made the old deadline "unrealistic". But he urged lawyers to issue writs as soon as possible to avoid clients finding that their cases were "statute barred" by being served too late.

More PL(PI)s

The following PL(PI)s have been notified to C&D since the June 28 supplement.

Whitworth Pharmaceuticals Ltd

PL/4423/0079	Actifed tablet	Pseudoephedrine hydrochloride BP 60mg triprolidine hydrochloride BP 2.5mg
PL/4423/0140	Adalat 5mg	Nifedipine 5mg
PL/4423/0126	Optimine tablet 1mg	Azastadine maleate 1mg

■ For the second time in recent months, Cow & Gate have won an award for their public persona! Back in February, it was for their press advertising — this time it is for Best Design in Heavy Goods Vehicle Livery.

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Supervision needs supervision

I'm not going to be drawn at this stage into the most complex subject of the future of supervision in our pharmacies. However, at the moment my practice is to position myself so that the sales of POMs are under my direct control. All scripts are seen by me at least twice during their transit from patient to dispensary and out again. Apart from anything else, it's a matter of self defence. If, as happens in any small pharmacy, I am dispensing alone, I find it essential to make a break somewhere in the process. Then, when I come back to the dispensed item after doing other work, I have to make a second, or third reading of the script and another check. Only after this do I wrap or bag the finished items, labelled with patient name and address, and put it out for collection. If it demands patient counselling the script doesn't go into the completed section. If it requires a special card or warning note, such documents are attached to the wrapping and drawn to the patient's attention. And I believe this is sufficient safeguard of patient interest to satisfy most professional consciences.

So, let us make a slight extension to this. Years ago in a country pharmacy, I used to operate a collection and delivery service, via a country shop. The patient or collecting person was required to sign for the medicines at the shop when collecting them. By making the collector volunteer the address, we never had a misplaced item in three years, and by including a slip inviting questions by telephone, had a good rapport with patients regarding queries. At present we are required to be present in our pharmacies when such medicines are given out to customers. This seems to me a requirement which could usefully be relaxed so as to permit the handing out of checked prescriptions in sealed bags, should a pharmacist be absent, to deliver oxygen, for example. Or maybe in a city area, to have a lunch hour while leaving his business to trade. The aspect of general service to local office staff is worth considering even though the dispensary would be closed for dispensing and sales of "P" products prevented, perhaps by layout design.

It seems to me there is a case to be made for the situation where a script is dropped in in the morning, for collection during a lunchtime, (which can mean anything from 11.30am to 3pm,) for staff to be properly able to hand it out in the

absence of a pharmacist, subject to proper control, as is already the case in the rural collections services.

Getting the needle?

I can't remember how many years ago I opposed the blind command of our Pharmaceutical Society never, never, to sell syringes to anyone who might remotely be considered likely to misuse it for illicit drug taking. Having seen at close hand the ghastly means addicts used to administer their poisons, I rapidly came to the conclusion my professional integrity would be better served by providing sterile syringes than refusing them. Never mind about encouragement — self injection is not an addictive process.

While I don't actually welcome the idea, I am interested to read we may shortly be encouraged to give syringes away free to addicts and gays in an effort to prevent them swapping used syringes, and thus spreading AIDS.

In love . . .

Have you ever been in love? Yes, well then you know the mind-filling obsession where you eat, drink, and sleep your love, living only for the time when you meet again. You truly know the meaning of "walking on air" when that wonderful happiness not only fills your being, but somehow is reflected in others. The passion is one of the wonders of life. It has nothing to do with judgment or intellect. Like God, it is.

Now imagine yourselves in the position of having known your love in its greatest fulfillment, the euphoria and deep satisfaction. Imagine being told you not only have to give it up, but must do so by diminishing stages, all the while being able to touch and look, but not savour...

This, I am told by my drug addicts, is what addiction is like when you are trying to give up. My compassion is theirs now, in a way I would have thought impossible a few years ago, as I see several on my books fight and win, fight and lose daily battles against their overwhelming need. They have to stay in their various agonies particularly at night, knowing that within reach they have the means to satisfy their longings, but knowing they cannot touch their next day's ration. And this when they may be unemployed, with time hanging heavy on their hands. Have some understanding of the strength which, defeated once already, they still have to find. I no longer judge; but watch with a guarded sympathy.

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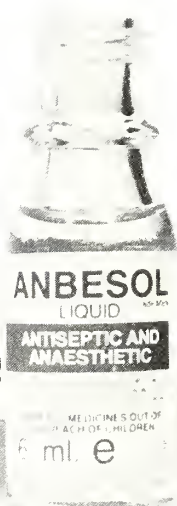


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Nicardipine — a new calcium antagonist

The calcium antagonists, a group of chemically unrelated drugs, exert valuable haemodynamic effects. Most importantly for the treatment of angina and hypertension, they cause arterial dilatation, improving the blood supply to the myocardium and reducing cardiac workload. Usefully, their hypotensive action is pronounced only in people with elevated blood pressure, and some — notably verapamil — also exert a clinically useful antiarrhythmic effect.

However, calcium antagonists may also cause myocardial depression, resulting in bradycardia or even heart failure, and potentially serious interactions with other cardiac depressants such as the beta-blockers may occur. This problem is most significant with verapamil and diltiazem, but is normally insignificant in practice with nifedipine, which is often combined with beta-blockers for an enhanced effect.

Nicardipine (Cardene), a new calcium antagonist most closely related chemically to nifedipine, is claimed to be selective in its effects on arteries while not causing myocardial depression. Is it a therapeutic advance, or a me-too drug?

Clinical trials have shown that nicardipine is as effective as other calcium antagonists, thiazide diuretics, and beta-blockers. The adverse effects most commonly associated with it have also been reported with nifedipine, and include dizziness, headache, and a transient oedema of the feet (due to increased vascular permeability). Approximately 10 per cent of patients in one trial experienced an acute exacerbation of angina, and this is also known to occur with nifedipine. Notably, although experiments using intracoronary injections suggest that nicardipine causes

less myocardial depression than nifedipine, direct clinical comparisons have found no major difference between the two drugs in the treatment of angina or hypertension.

Early experience with nicardipine has therefore shown no substantial advantage over nifedipine. However, comparisons

between the two drugs have been limited and the wider use of nicardipine in practice will clarify its merits. Nicardipine is more expensive than the established alternatives but, if myocardial depression proves to be less common, it may ultimately prove to be a treatment advance.

Mushrooms: magic and not so magic

Autumn is the peak season for mushrooms, and there is a growing trend towards eating wild mushrooms — for both gastronomic and psychadelic stimulation. Some of the species which may cause severe or fatal poisoning are difficult for the inexperienced eye to distinguish from edible species, and one of the most important of these is death cap, *Amanita phalloides*.

Ingestion of death cap is followed after six to 24 hours by vomiting and abdominal pain, which may last for a further 24 hours. This delay in the onset of symptoms is characteristic of death cap poisoning (but not exclusively so) and is an important diagnostic criterion. There is then a respite for one to three days, after which liver failure develops due to hepatocellular necrosis. These symptoms are due to amatoxins, a group of peptides which are not destroyed by cooking. Although death cap is the best known, other mushrooms also contain these toxins.

Although it is widely believed that death cap poisoning carries a 50 to 90 per cent mortality, the true death rate is about 30 per cent and with modern intensive treatment this may be reduced to 10 to 15 per cent. Children appear to be more susceptible, and

the mortality in those under ten years old may be as high as 50 per cent. Recent evidence has shown that although people may recover from the acute phase of poisoning, those who develop acute liver damage may continue to suffer chronic hepatitis and to have immunological abnormalities.

There are several alternatives for the treatment of death cap poisoning, including high doses of penicillin or silymarin (a plant extract), haemodialysis, and repeated duodenal aspiration to prevent enterohepatic recirculation. There is, however, little good evidence that these procedures are effective. A further alternative is a prolonged regime of intravenous thioctic acid, but some evidence suggests that this actually reduces the survival rate. Most cases are in fact managed by intensive supportive treatment alone.

Although in the same genus, fly agaric (*Amanita muscaria*) is a distinctive mushroom (bright red cap flecked with white) which contains the toxins muscimol and ibotenic acid. These may cause central nervous system stimulation (excitation and hallucinations), but a sense of detachment is probably more common and is usually

Continued on p606



Famotidine the next H₂ antagonist

Continued from p605

followed by sedation. Peripheral symptoms include blurred vision and tachycardia. Fly agaric poisoning is seldom fatal and is treated conservatively, reserving atropine for cases with severe cholinergic effects.

The Vikings were reputed to use fly agaric for its hallucinatory potential, but the modern alternative is the "magic mushroom" or liberty cap (*Psilocybe semilanceata*). This brown mushroom has a thin stalk and a distinctive nipple on the cap, and is common in grassy areas. Some other mushrooms of similar appearance are often mistaken for magic mushrooms, and these may also contain the active chemical, psilocybin. Ingestion of 20 to 30 mushrooms causes distortion of perception and hallucinations, but may also cause less desirable effects such as nausea and vomiting, tachycardia, and a flushed, dry skin. These symptoms last for about 12 hours but subside without treatment. Although rarely reported, LSD-like "flashbacks" may occur.

In many cases of suspected poisoning, identification of the fungus is an important task, often requiring the advice of a mycologist. It is very useful to have a good sample of the mushroom, freshly picked and wrapped in paper (not plastic), and to have some idea of where it was picked. Except in young children — in whom effects are poorly documented — one or two magic mushrooms are unlikely to prove troublesome, but cases of death cap poisoning must be quickly identified and referred for treatment.

Famotidine will shortly be competing with cimetidine and ranitidine for a share of the profitable anti-ulcer market. Although much attention has been focused on the established drugs — and the intense competition between them has served to highlight their problems — they remain among the safest drugs in common use. Both are effective in healing peptic ulcer and, although recent evidence favours ranitidine over cimetidine in treating duodenal ulcer, the differences between them are small. Does famotidine have anything new to offer?

Compared with cimetidine and ranitidine, which have been used in millions of patients, experience with famotidine is limited. Clinical trials have shown that about 80 to 90 per cent of peptic ulcers are healed

by eight weeks' treatment, a success rate similar to those of the established drugs. Although no direct comparisons in the prevention of ulcer recurrence have yet been published, famotidine appears to achieve a broadly similar relapse rate of 25 to 35 per cent.

No significant differences in the incidence of adverse effects have yet been reported, but these are in any case so rare that more widespread use will be needed before possible differences emerge. Unlike cimetidine, famotidine does not affect prolactin secretion or possess antiandrogenic activity. And no drug interactions have been found in studies which evaluated famotidine's effect on drugs known to interact with cimetidine, such as diazepam or theophylline. Interestingly, one study has suggested that the metabolism of famotidine may vary significantly between individuals. If this is substantiated, it may indicate a potential for variation in clinical response to the drug.

These preliminary data show that famotidine may prove to be as effective as existing alternatives but, like cimetidine and ranitidine, its safety profile will not be apparent for several years. However, there appears to be little evidence yet to show that it offers any advantage over ranitidine, and the cost of famotidine compared with the other H₂ antagonists is therefore likely to be a crucial factor. A recent report that it will be priced between cimetidine and ranitidine suggests that competition will continue to be fierce in the anti-ulcer market.

Beta-blockers for glaucoma

Timolol eyedrops are a useful alternative to pilocarpine or adrenaline in the management of glaucoma. Although usually well tolerated, systemic absorption of timolol may occur, causing bradycardia, hypotension, and other adverse effects such as bronchospasm in asthmatics. Two alternative beta-blockers are now available: **carteolol** (Teoptic) has intrinsic sympathomimetic activity and is therefore claimed not to cause bradycardia, and **metipranolol** (Glaukine) is claimed to exert minimal adverse cardiovascular effects.

In clinical trials, both drugs have been shown to be as effective as timolol in reducing intraocular pressure. No significant differences between metipranolol and timolol were reported, except in one unpublished study which found reduced pulse rate and blood pressure in patients given timolol. Similarly, most trials found no difference between carteolol and timolol, but one study found a higher incidence of

local effects (eg stinging, blurred vision) and systemic effects (headache, fatigue) with the older drug, which also had a greater effect on pulse rate. In contrast to timolol — and of potential importance in practice — carteolol did not significantly impair performance in lung function tests in asthmatics.

Both of the new beta-blockers therefore appear to be as effective as timolol. Carteolol may in addition be useful in people unable to tolerate the adverse systemic effects of timolol, although these are uncommon. While the experimental data on the safety of carteolol in patients with asthma is encouraging, clinical experience is lacking and this drug, like timolol and metipranolol, remains contraindicated.

■ The three beta-blockers mentioned in this article have this week been joined by a fourth. **Betoptic** eye drops, containing **betaxolol** as the active ingredient, have been launched by Alcon Laboratories. Full details in **Prescription Specialities**.

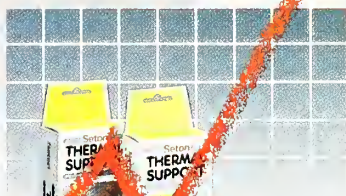
Topics in Treatment is a regular series by Stephen Chaplin, MPS, staff pharmacist, Regional Drug Information Unit, Wolfson Unit of Clinical Pharmacology, Newcastle-upon-Tyne, looking at current developments in prescription medicines.

A list of references used in the preparation of this article is available from the Editor

Seton HEALTHCARE

Seton have something special to shout about... our brand new total support package...

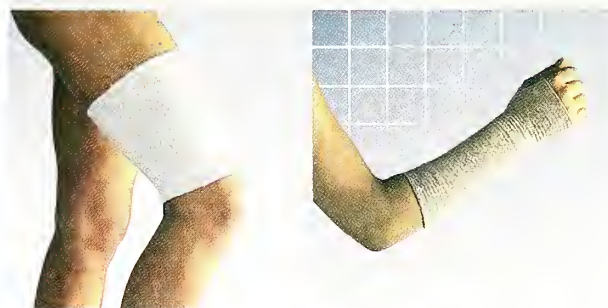
A range of healthcare products carefully selected to meet the needs of you and your customers, including our brand leader Tubigrip together with Tubifast, Dermatological Cotton Gloves and Thermal Joint Supports...



Support for your customers – by offering them the selected range of Seton products available in popular sizes.

Support for you – our brand new, colour coded cartons are complemented by the new counter and free standing display units.

Support from us – we will offer you our expertise and endless assistance.



TOTAL SUPPORT



For further information contact:

Seton Healthcare, Tubiton House, Medlock Street, OLDHAM OL1 3HS. Tel: 061 652 2222

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■ Brings new hope to over two million UK couples trying to conceive.

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■ Full marketing support to consumers – extensive coverage through advertising and POS programmes.

■ Major PR programme in national TV, Radio and Press.

■ Millions of product endorsements – 1 in every pack of Tampax sold.

■ Free consumer telephone advisory service.

■ High profit opportunity.

■ Available through your wholesaler or Tambrands representative.



FIRST RESPONSE™

TAMBRANDS LIMITED, DUNSBURY WAY, HAVANT, HANTS PO9 5DG.



Hair's a new Dimension

Elida Gibbs are launching Dimension (200ml £0.86), a shampoo designed to eliminate the need for a conditioner, backed by £4m worth of advertising.

Dimension features a patented formulation that ensures minimises damage to the hair during washing and stops static, the company says.

More frequent washing, drying, styling, perming and colouring of hair has created a need for "caring shampoos".

Elida say they do not believe that Dimension will cannibalise sales of conditioners, including their own. They say it is likely to attract consumers who do not use a conditioner anyway, and those who do, but want something extra.

Dimension comes in two variants. Normal and enriched care variants come in cream coloured plastic bottles with normal care highlighted in apricot and enriched care in pink.

Advertising for the shampoo will be on television, posters and in the Press, backed by a 4.3 million unit sampling programme. Sample sachets will be attached to advertisements for Dimension in women's magazines. There will also be a covermount on a leading women's weekly. In addition, trial size bottles will be available during the launch period at £0.19. *Elida Gibbs Ltd, Hesketh House, Portman Square, London W1A 1DY.*

Take a break

Following a recent Booker Health study which revealed that the majority of chemists had yet to realise the full potential of the health food market, Healthcrafts are launching the "Break free" holiday promotion for consumers and the trade. One proof of purchase by consumers is necessary.

The shop whose customer wins first prize will get £250 worth of Thomas Cook vouchers. And a prize of £250 will be awarded to the shop with the best display of Healthcrafts vitamins. Entry is by photograph. Other incentives include special holiday vouchers with every order placed.



The promotion will be supported by full point of sale material, available from representatives, with posters and entry forms doubling up as shelf talkers. *Booker Health, Healthways House, 45 Station Approach, West Byfleet, Surrey.*

Get it Rite

Welfare Foods have added two new biscuits to the Rite-Diet gluten-free range products.

Half covered milk chocolate digestive biscuits (150g £1.20 srp) are also free of wheat and egg. And bourbon biscuits (125g £0.98 srp) are also free of egg, milk, lactose and wheat. The new biscuits will not be prescribable, say *Welfare Foods (Stockport) Ltd, 63 London Road South, Poynton, Stockport, Cheshire SK12 1LA.*

Healthcrafts are launching a new vitamin B₆ with magnesium. The tablets (60 £2.55) provide 25mg vitamin B₆ and 200mg magnesium. The recommended dose is two tablets daily. *Booker Health Foods Ltd, Healthways House, 45 Station Approach, West Byfleet, Surrey.*

Oral-B for baby teeth

Oral-B are adding the "5" pre-school toothbrush to their range (£0.89) and running a free brush offer on all varieties. The pre-school brush features a small rounded head to suit an infant's mouth, offset tufts for partial dentition, soft end-rounded filaments designed to protect new gums and a long neck and easy-grip handle.

It comes in three colours in display outers housing 12 brushes, each pack bearing the words, "my first toothbrush".

The company has a new floor standing merchandiser for their range offering retailers discounts and free stock and consumers a free brush, obtained by sending away a leaflet from the stand with one proof of purchase.

Retailers will get 36 Oral-B 35s

The new Naturelle look

Naturelle are adding to their range of beauty products.

They are introducing a Look Blonde range including: conditioner (£1.05, 250ml); creme activator (£0.99, 100ml); hair lightening powder (£1.99, 100g), and shampoo (£0.99, 250ml). And a setting gel is being added to their New Wave range, firm hold (£0.79, 125ml) and wet look (£1.05, 195ml). *Naturelle Ltd, Thornford Road, Headley, Newbury, Berks RG15 8AG.*

Tea party

Advertising in the health Press of Salus natural aroma teas (*C&D*, September 20, p460) will be reinforced by a campaign in the South East editions of the *Sunday Times* and *Observer* during November.

An outer of 30 packs (12 paradise plus six of each of sunrise, twilight and country apple) comes with 50 free samples and a display board (£21.60 trade).

For the first time, Salus are moving in to the women's Press with an Autumn campaign for Floradix herbal iron extract. Sixteen consumer magazines covering the mother and baby and slimming Press, together with publications for the elderly, will carry full colour advertisements to the end of the year. *Salus (UK) Ltd, 15 Rivington Court, Woolston Grange, Warrington, Cheshire WA1 4RT.*

(totalling £35.64) with an order for one merchandiser and its 18 dozen outers (£121.76), plus 10 per cent discount with an additional order of five outers (each containing 12 brushes), and 15 per cent discount with an additional order of 50 outers.



The offer is open until the end of January, 1987. *Oral-B Laboratories Ltd, Gatehouse Road, Aylesbury, Bucks HP19 3ED.*

"Aaah!"



Last year, sales of Strepsils soared by 16% (Nielsen). This year there are more solid reasons than ever before why you will be sharing in the Strepsils success story. The No. 1 sore throat remedy sold through chemists looks like reaching record levels of demand this winter with:

- £1.2 million national TV campaign covering the whole winter season.
- A new, brighter pack design.
- A new, space-saving pre-packed display unit.

So don't be left out in the cold.
Stock up with Strepsils now.



Strepsils

Solid medicine for sore throats

A  PRODUCT



The *natural* way to give your sales a *healthy* complexion

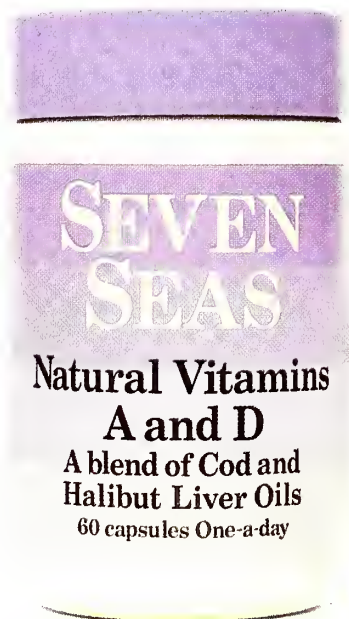
Seven Seas announce the latest addition to their Supplements Range — New Natural Vitamins A and D.

A unique blend of cod and halibut liver oils that provide a rich source of the valuable, natural vitamins essential in maintaining a healthy complexion in a one a day easy to swallow capsule.

Each taste free capsule is free from sugar, preservatives, and synthetic colourings.

In short, it's sure to attract the attention of those customers concerned with keeping a healthy complexion the natural way.

As you'd expect from Britain's number one brand we'll be supporting the launch



of Natural A and D in a big way.

Firstly, there'll be a national television campaign on your screens, plus PR support in Women's Magazines.

Then there's an attractive counter top product

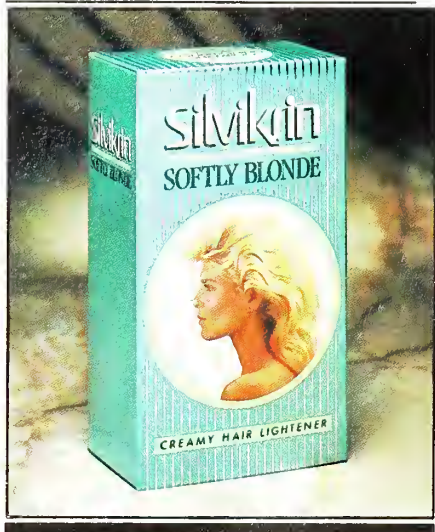
dispenser that features new A and D plus four other established Seven Seas Single Vitamins primarily for women.

If the results of previous new product launches are any thing to go by Natural Vitamins A and D should be a clear winner.



Contact Terry Simpson on (0482) 75234 or your local Seven Seas representative today and find out how you can benefit from stocking Seven Seas Natural Vitamins A and D.

Look out for Seven Seas Vitamins and Minerals



Beecham go Blonde softly

Beecham Toiletries are re-introducing Softly Blonde under the household name of Silvikrin with an improved formula.

Silvikrin Softly Blonde hair lightener (£1.49) consists of a 123ml two-phase lightening formula plus a sachet of conditioning shampoo. Beecham claim it

conditions the hair as well as lightening. The company says around one tenth of women in the UK are committed to the regular use of hair-lighteners and spend around £10m (rsp) a year on them.

The Silvikrin collection will be advertised on television until early 1987. *Beecham Proprietaries — Toiletries, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.*

Simple's smellless

Simple have launched their first anti-perspirant deodorant spray, which has an introductory offer of 30p off, while stocks last.

The deodorant aerosol (170g can, normally £1.50), is said to be without any smell at all leaving users free to choose their own fragrance.

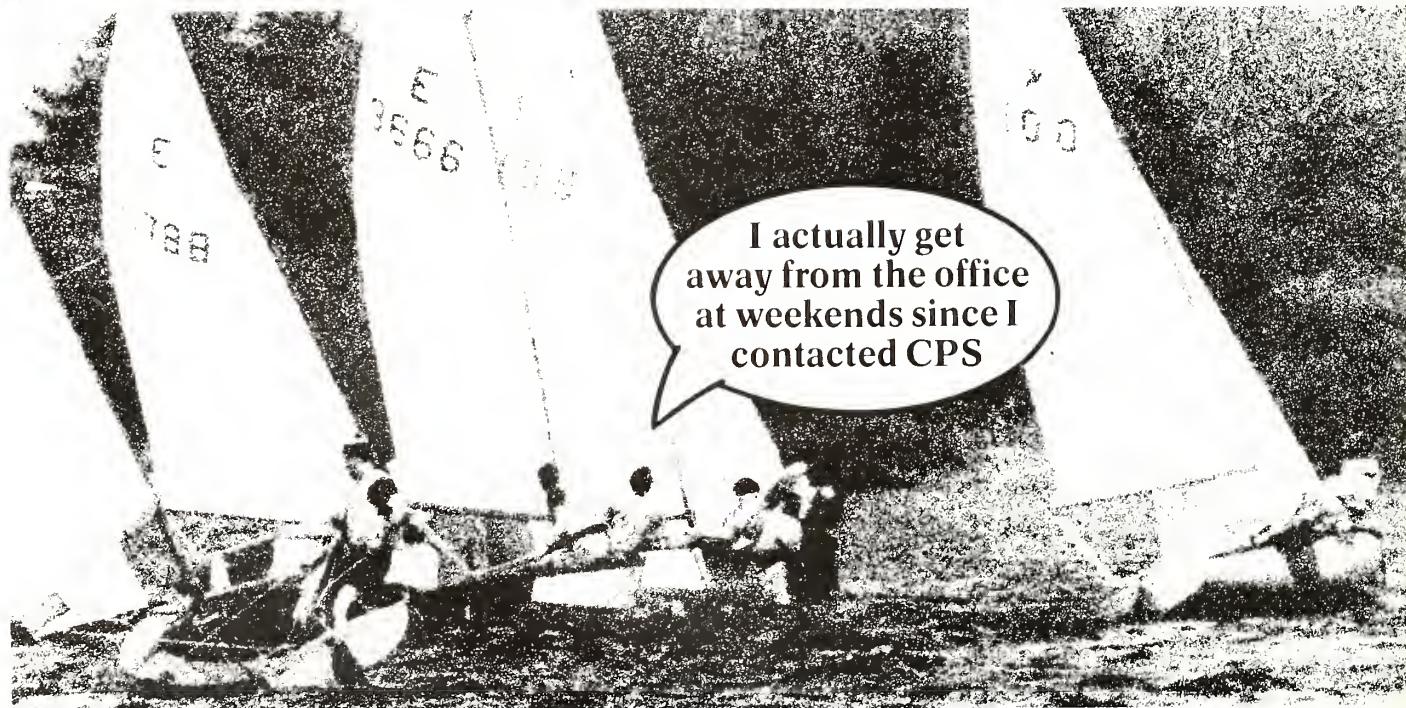
It is cased, like other Simple products, in brown and white. Distributors: *Albion Group Ltd, 113 Station Road, Hampton, Middlesex TW12 2DY.*

Fujimex focus

Fujimex are introducing two new camera kits — the DL-200 action outfit and the HD-M all weather camera outfit — both offering savings of £30.

The DL-200 comprises Fuji's DL-200 35mm camera with automatic focus, exposure, flash and film advance with a drop-in film loading, a teleconverter and case, four 24 exposure films, a carry strap, security tag and case. The rsp is £129.95 which means the action outfit sells for £30 less than the combined price of the camera and extras.

The HD-M comprises Fuji's HD-M water resistant 35mm camera with built-in flash, a protected 38mm/f2.8 Fujinon lens, self timer and LED indicator, a float bag, waist/chest strap with float, a protective film case and film, and a lens hood. The rsp is normally £220 but the all weather outfit comes in a case for £179.95. *Fujimex Ltd, Faraday Road, Dorcan, Swindon, Wilts SN3 5HW.*



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put the work their way all the problems are off my shoulders.

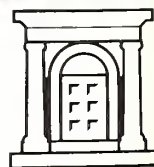
They just seem to roll their sleeves up and get on with it.

Using CPS frees me to tackle the other ninety seven panics going on with some chance of

efficient decision making.

You know, CPS are probably the most professional, punctual, hardworking supplier I deal with.

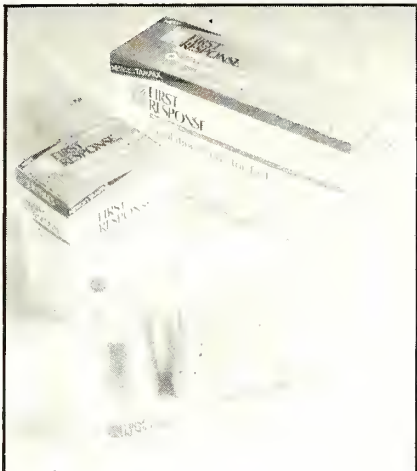
But they only seem to cross my mind when I'm enjoying a little free time at weekends."



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Contract Pharmaceutical Services are specialists in blister and strip packing of tablets and capsules, tablet and capsule counting, powder packing, liquid filling, product formulation and manufacture, all undertaken on premises licenced by The Department of Health and Social Security. For further information call Burton-on-Trent (0283) 221616.

Contract Pharmaceutical Services Limited, Swains Park Industrial Estate, Park Road, Overseal, Burton-on-Trent, Staffs.



Responding to ovulation

Hot on the heels of Chefaro, Tambrands this week launch a test to predict the time women are most likely to conceive.

First Response uses monoclonal antibody technology to pinpoint the twelve to 24-hour period just after ovulation when conception can take place. The urine test measures the amount of luteinising hormone (LH) in the urine, and aims to detect the LH surge released by the pituitary gland which triggers ovulation.

The antibodies bind to LH and create a colour change — clear to blue — depending on LH concentration. When the surge is detected, say Tambrands, it indicates that ovulation will occur in the next twelve to 24 hours.

The company says that trials have shown that First Response is 100 per cent accurate among skilled users (laboratory technicians) and 99.5 per cent accurate among unskilled users (women at home). First Response predicts ovulation whereas traditional methods indicate that ovulation has already occurred.

The First Response ovulation predictor kit will cost £24.90 for six daily tests. A three day refill pack will be on sale at £12.80. The launch will be backed by advertising and a PR programme.

Chemists will receive detailed information about the product including sales presenters, POS material and consumer advice leaflets. An educational video on the possible causes of and treatments for infertility will also be made available. A free telephone advisory service and detailed fact booklet on infertility is being provided for consumers.

"First Response is not a panacea for infertility but it will help the many couples whose failure to become pregnant is simply due to bad timing — the inability to coincide intercourse with the woman's most fertile period. It will also benefit women wishing to plan their pregnancies," says Ian Jenkins, marketing director. Tambrands Ltd, Dunsbury Way, Havant, Hants PO9 5DG.

Pre-pregnancy help from Unipath

Unipath Ltd, makers of Clearblue, have produced a leaflet entitled "Healthy and happy pregnancies begin here". Supplies of the leaflet are free of charge to pharmacies.

The leaflet, which is supported by a

poster, highlights the importance of preconceptual care for both maternal and foetal well-being and offers down to earth advice on topics from smoking and drinking alcohol through to vaccination, stopping contraceptive measures and nutrition. The guide emphasises the importance of early confirmation of pregnancy and discusses the various methods available.

Supplies are available through local representatives or the Clearblue Advice Line (tel 0234 50408). Unipath Ltd, Norse Road, Bedford MK41 0QG.

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BUY AT £4.60	SELL AT 59p	P.O.R. 25.2%
PACK 12		

BUY AT £4.60	SELL AT 59p	P.O.R. 25.2%
PACK 12		

20% EXTRA FREE
300ml for the price of 250ml

NUMARK CHEMIST
SHAMPOO
250ml

25% EXTRA FREE
250ml for the price of 200ml

NUMARK CHEMIST
JOJOBA & VITAMIN E
CONDITIONER
for normal to dry hair
200ml

Two of the great buying opportunities in this month's Profitline promotion.

For full details, contact your local Numark Wholesaler, or Numark Central Office, 51 Boreham Road, Warminster, Wilts BA12 9JU. Tel: (0985) 215555.

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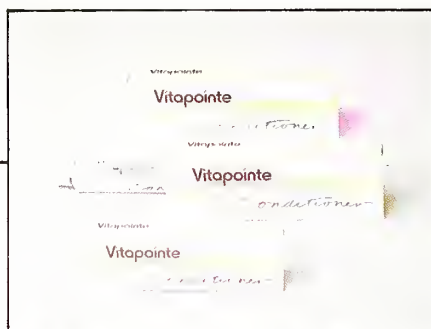
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The Complete Contact Lens Service.

COUNTERPOINTS



Ashe get the Vitapointe

Ashe Consumer Products are repackaging the Vitapointe range of products for dry hair. Using pastel shades of pink, yellow and blue, the design features new

graphics as well as the original Vitapointe logo.

First of the products to be available in the new livery will be the between-wash conditioner. The remaining products in the range will be introduced in the new packaging over the next four months. At the same time Forms mousse will become Vitapointe mousse.

Ashe will be supporting the new-look range with an advertising campaign during Autumn and Winter 1986 and early 1987, with half-page colour advertisements in the women's Press. *Ashe Consumer Products Ltd, Ashetree Works, Kingston Road, Leatherhead, Surrey KT22 7JZ.*

Do or dye

Dylon International's booklet 'Seasonal shades — colour and fashion ideas', will be available this autumn at POS or direct from the company.

The free full-colour booklet highlights Winter and Autumn fashion colours and shows what can be done with Dylon dye, and how to do it. *Dylon International Ltd, Worsley Bridge Road, Lower Sydenham, London SE26 5HD.*

ON TV NEXT WEEK



GTV Grampian	U Ulster	STV Scotland
B Border	G Granada	(central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	Bt TV-am	TT Tyne Tees

Askit powders:	GTV, STV
Bisodol:	Bt
Chique:	All areas
Clearasil:	All areas
Cussons Pearl:	TTV, C4
Farleys Breakfast Timers:	Bt
Le Clic cameras:	TTV
Peaudouce Babyslips:	Bt
Radox Herbal bath salts and liquid:	All areas
Radox moisturising collection:	C, TVS, LWT, TTV
Seven Seas cod liver oil capsules:	All areas
Simplicity:	All areas
Vantage:	All areas
Vidal Sassoon:	All except TTV, TSW, B, G

Hands on TV

Complete Care hand and nail lotion and cream is returning to television screens this Autumn in a £1m campaign.

The "Cliffhanger" commercial, a pastiche of '50s black and white movies, will run from October 21 for four weeks,

with a further burst after Christmas. Spots have been booked nationally on ITV, Channel 4 and TV-am, which will reach 87 per cent of women during the peak selling period, say Crookes.

In addition, a consumer-competition will be run offering the winner a day of VIP Complete Care beauty treatment and entertainment in Paris, and a trade promotion will be run entitled "The mystery of the golden key", open to pharmacists. *Crookes Products Ltd, PO Box 94, 1 Thane Road, West, Nottingham NG2 3AA.*

A safe offer

Milupa's babyfoods are featuring an on-pack offer for Safe and Sound kits.

From November until the end of June 1987, consumers can obtain the kit by sending any five Milupa babyfood packet tops with a cheque or postal order for £2.30 (inc P&P). The kit, produced by Kiddi-Proof Products, includes furniture corner cushions, socket inserts, cupboard



locks and a socket night light.

Advertisements will feature in mother and baby Press, and Safe and Sound window stickers and shelf talkers will be available for in-store promotion. *Milupa Ltd, Milupa House, Hercies Road, Hillingdon, Uxbridge, Middlesex UB10 9NA.*

Wella get in condition

Wella are introducing Tonique — a range of conditioners, with an introductory retailer discount of 15 per cent on six-packs, and a 20p off next purchase consumer coupon.

The three variants of creme conditioner (£1.29, 250ml) and one mist conditioner (£1.39, 150ml) are supported by counter units, window display kits and a 50ml trial-size mist conditioner. And the company are planning a £1m advertising campaign to start next year. *Wella Great Britain, Wella Road, Basingstoke, Hants RG22 4AF.*

Nu-mark — down

Among several Numark offers this month are holiday vouchers giving three nights free accommodation for two at specified hotels in eight countries. This comes with a minimum order of five cases of the company's paper products.

There are "extra value" offers on Numark shampoo and conditioners and Nusoft nail polish remover.

Consumer savings will feature on Nusoft all-in-one infant 24s and toddler 10s, nappy mates and personal products including regular 20s, super 10s, super

20s, regular 10s and minipads 10s, as well as Nucross glucose powder.

And there are retailer bonuses on methylated spirit, counter and prescription bags, Nucross packed goods, Gees linctus, codeine linctus, liquid paraffin, paracetamol elixir and tablets and aspirin tablets. Distributed by: *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wills.*

Flask for Vosene

Beecham Toiletries are promoting Vosene with an on-pack offer of a free insulated children's flask.

The plastic flask is an exclusive version of Thermos' 0.25 Roughneck, designed for children.

Specially flashed cartons for original formula and frequent wash Vosene carry application forms, each valid for one flask when sent in with £0.30. *Beecham Proprietaries, Beecham House, Great West Road, Brentford, Middlesex.*

New Horizons

Horizon are launching a mini-poster service (£5.99), with a special introductory offer of 50p off until January 31, 1987.

POS material available includes an A-board street poster, showcard, and leaflets. *Dixons Colour Laboratories Ltd, Argyle Way, Stevenage, Herts SG1 2AR.*



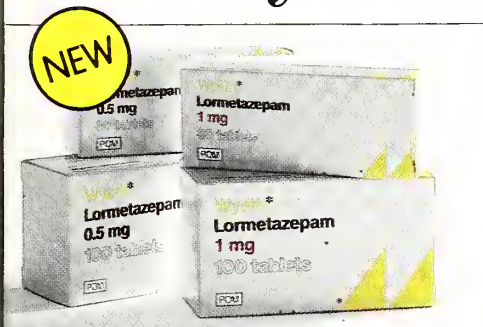
Seton's support

The Seton Group are launching a "total support" package for some of their brands under the logo, Seton Healthcare, to increase consumer awareness and promote sales, the company says.

The range centres around Tubigrip elasticated support bandages, and includes Tubigrip, Tubifast, dermatological cotton gloves, and thermal joint supports. A new addition is Tubigrip Flesh, available in 1m lengths (sizes C, D, E,) with prices from £1.81.

New colour coded cartons for easy customer selection promote the corporate identity, say Seton and counter display stands holding 96 units and a free floor standing display unit holding 218 units are available. *Seton Products Ltd, Tubiton House, Medlock Street, Oldham, Lancs.*

...yet more quality generics from Wyeth



Unparalleled quality

As a major international research and manufacturing house Wyeth offer you generic products with an unparalleled guarantee of quality.

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WYETH* GENERICS

*Trade mark.



Lopid capsules

Manufacturer Parke-Davis Research Laboratories, Mitchell House,

Southampton Road, Eastleigh, Hants
Description Size 0 hard gelatin capsules with a white body and maroon cap,

overprinted "Lopid 300", each containing gemfibrozil 300mg as a white powder

Pharmacology Lopid is a lipid-regulating agent which lowers elevated serum lipids primarily by decreasing serum triglyceride with a reduction in total serum cholesterol. Decreases occur in the very low density lipoprotein (VLDL) fraction and in the low density lipoprotein (LDL) fraction. In addition, Lopid increases the high density lipoprotein (HDL) fraction, an action considered to be of possible benefit in the inhibition of the atherosclerotic process

Uses Should be prescribed only for patients with abnormalities demonstrated by laboratory tests, where diet alone is insufficient. Treatment of dyslipidaemias of Fredrickson Types IIa, IIb, III, IV and V. Action of gemfibrozil and diet is additive. Presumptive beneficial effect of Lopid on morbidity and mortality from coronary heart disease as yet unproven

Dosage Adults 1200mg daily in divided doses, usually twice daily. 900mg daily will prove sufficient in some patients and should be tried in cases of intolerance to higher doses, and 1500mg may be needed when maximum triglyceride reduction is desired. **Elderly** As for adults, but patients 60 years or older should be treated with diet for at least three months before trying Lopid. **Children** Not recommended

Contraindications Hypersensitivity to gemfibrozil, alcoholism, hepatic dysfunction, pre-existing gallstones. Safety in pregnancy not established

Precautions Periodic determinations of serum lipids should be obtained. Drug should be withdrawn after three months if treatment inadequate or paradoxical. Concomitant anticoagulant dosage may need to be reduced. Yearly ophthalmoscopic examination recommended. For other see Data Sheet

Side effects In decreasing order of frequency, abdominal pain, diarrhoea, nausea, epigastric pain, vomiting and flatulence; occasionally and possibly attributable rash, dermatitis, pruritis, urticaria, impotence, headache, dizziness, blurred vision, painful extremities; rarely myalgia

Supply restrictions Prescription only
Packs Securitainers of 100 capsules (£24 trade)

Product Licence 0019/0070 (William R. Warner & Co Ltd)

Further information Initiation of

treatment will be done in hospital, community use will grow as patients return to GP-controlled medication
Issued October 1986

Betoptic eye drops

Manufacturer Alcon Laboratories (UK) Ltd, PO Box 187, Imperial Way, Watford, Herts WD2 4YR

Description Clear, colourless to light yellow sterile solution containing 0.56 per cent w/v betaxolol HCl (equivalent to 0.5 per cent betaxolol base) preserved with benzalkonium chloride 0.01 per cent w/v

Uses For reduction of elevated intra-ocular pressure in ocular hypertension and chronic open angle glaucoma
Further information Betaxolol is the first beta₁-selective beta-blocker to be launched in Britain. As such it is claimed to have some clinical advantages over other mixed beta antagonists currently available for treatment of glaucoma.

Because Betaxolol is beta₁-selective it is safer for use in asthmatic patients, say Alcon Laboratories. The drug is also claimed to have a lower level of systemic activity which means that effects on the heart are minimised as well. The drug lowers intra-ocular pressure by reducing the production of aqueous humour and has a similar efficacy to timolol

Dosage Adults: Usually one drop instilled into the affected eye or eyes twice daily. Some patients take a few weeks to stabilise so clinical follow-up should include measuring intra-ocular pressure during the first month of use

Children: Not recommended

Contraindications Should not be used in patients with sinus bradycardia greater than first degree block, cardiogenic shock or history or overt cardiac failure or hypersensitivity to any component

Warnings There may be an additive effect with concurrent oral beta-blockers. Use with caution in diabetics or those suspected of developing thyrotoxicosis and those with excessive restriction of pulmonary function. Not recommended for people wearing soft contact lenses

Side effects Some patients may experience discomfort on instillation. Rarely decreased corneal sensitivity, erythema, itching, corneal punctate staining, keratitis, anisocoria and photobia have been reported

Supply restrictions Prescription only

Pharmaceutical precautions Discard one month after opening

Packs 5ml droptainer (£5.30 trade)

Product licence 0649/0097

Issued October 1986

BAN change for Dorbanex Forte

The British Approved Name for Dorbanex Forte, under which the product will only be prescribable from April 1, 1987 (C&D September 13, p408) is strong co-danthramer, and not co-danthramer liquid forte, the BAN first given to the product. Riker say that they requested the change since the ratio of danthron to poloxamer 188 in Dorbanex Forte liquid is not the same as in Dorbanex liquid. Dorbanex Forte contains five times the poloxamer 188 but only three times the danthron. *Riker Laboratories, Morley Street, Loughborough, Leics LE11 1EP.*

BRIEFS

A sugar-free theophylline syrup — **Biophylline Syrup** — will be available from October 20 from Delandale Laboratories.

The clear, yellow, cherry-menthol flavoured syrup contains 250mg theophylline sodium glycinate, equivalent to 125mg theophylline hydrate BP per 5ml, and is the first sugar-free theophylline syrup, says the company. A pharmacy only medicine, it is available in 250ml amber glass bottles, individually cartonned, and containing a 2.5/5ml double-ended measuring spoon (£3.77 trade). Orders should be placed with distributors *Farillon Ltd, Bryant Avenue, Romford, Essex.*

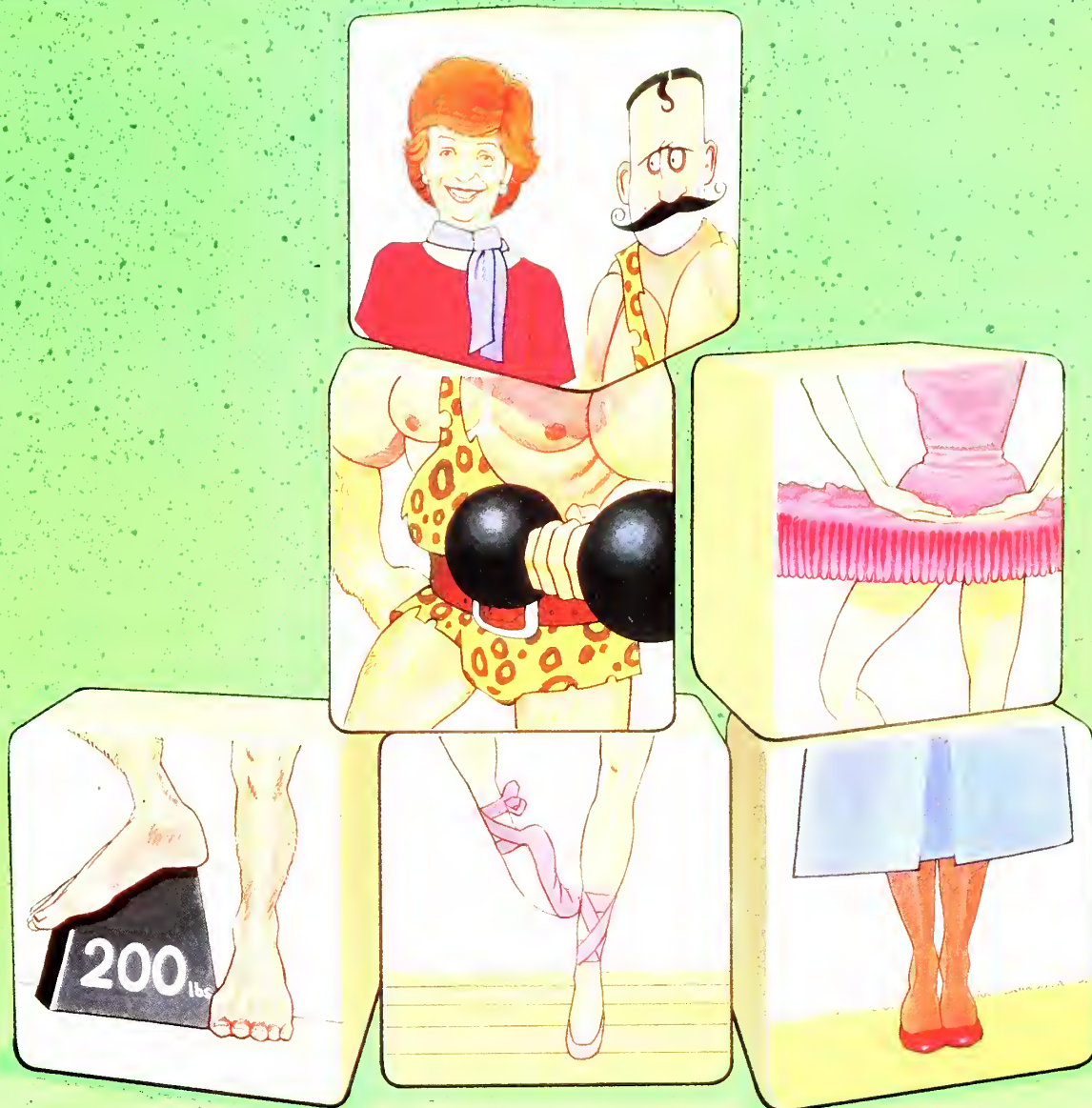
The **Binovum triple pack** of oral contraceptive tablets has been redesigned with blister strip packaging and days of the week arrowed on both sides. *Ortho-Cilag Pharmaceutical Ltd, Saunderton, High Wycombe, Bucks HP14 4HJ.*

Securon 160mg tablets will be available shortly from Knoll. The white, film-coated tablets, containing 160mg verapamil hydrochloride are packed in 56-tablet blister packs (£10.49) and 100-tablet plastic containers (£18.73 prices trade). *Knoll Ltd, The Brow, Burgess Hill, West Sussex RH15 5NE.*

Isosorbide dinitrate 10mg tablets (100 £1.20) and **20mg tablets** (100 £2.20) and **isosorbide mononitrate 20mg tablets** (100 £7.95, prices trade) are now available from *Approved Prescription Services, Whitcliffe House, Whitcliffe Road, Cleckheaton, West Yorks BD19 3BZ.*

Solu-Cortef 100mg is now available in packs of ten without diluent (£9.60 trade), says *Upjohn Ltd, Fleming Way, Crawley, West Sussex RH10 2NJ.*

Chemist & Druggist 11 October 1986



Every body is going to be changing

You know how it is. Everybody thinks their system is different from everybody else's. So choosing a laxative hasn't always been easy.

But now, more and more people are finding that Dulcolax is just right for them, offering a pleasant, easy-to-take way of relieving their constipation.

Last year we spent more on promoting Dulcolax than was spent on any other laxative product. And now, even more people will be discovering Dulcolax. Because this year's campaign will be even bigger with major new colour advertising in all the leading magazines.

So when everybody starts changing to Dulcolax, make sure you've got enough for every body.

Dulcolax.
It could be the laxative for everybody's body.



FOR FURTHER INFORMATION PLEASE CONTACT YOUR DULCOLAX DISTRIBUTOR DAVID ANTONY PHARMACEUTICALS LIMITED TELEPHONE NO. 051-486 7117

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All offers made are subject to manufacturers availability and while stocks last.

NEW
A Fresh Approach to Skin Care

Apri
For better looking skin.

Contents:
● 2-4 Nationally Promoted Lines at Vantage Prices.
● 2-4 Free Month's Special Cream.
● 10-11 Popular Lines on Offer for Month.
● 10-12 Vantage Chemist Leaflets.

VANTAGE CHEMIST
*Right On Price
Right On Your Doorstep.*

TV Times
Come inside and win Arthur's major prize!

The Vantage symbol is a sure sign of success for any pharmacist who has retained his independence, yet at the same time enjoys the back-up of the U.K.'s most successful pharmaceutical group.

Vantage is all about providing you with retail packages and ideas to help you attract consumers to your pharmacy. It saves them making long shopping

trips for the day to day convenience items you stock because in the words of the Vantage slogan – Vantage is “right on price, right on your doorstep”. From product promotions to subsidised shop facilities Vantage members benefit from the groups’ strength.

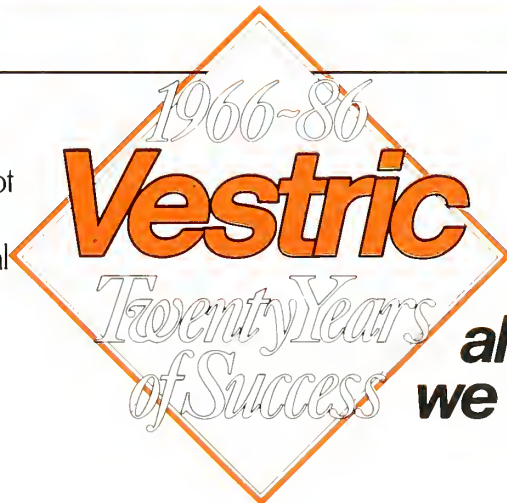
A Vantage chemist reaps the benefits too of national T.V. advertising and press advertising campaigns. There's lots more for Vantage members.

we've got the symbol.



including the Vantage range of quality own label products, the free special Vantage pricing kit and not forgetting Vantage staff overalls, prescription bags, staff training guides, the Vantage convention, special price marked promotions, internal and external box signs etc. etc.

So isn't it time you got the ultimate status symbol - Vantage.



**We're
always there,
we always care**

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O father, 254:7
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known to most
people as International Chemi-
cal Company Ltd., or ICC. The
company has recently
the trading st...
Labor...

48

**ANADIN
EXTRA**

EXTRA PAIN RELIEVING INGREDIENT

Whitehall
Lab... leading brand,
'Anadin', but the analgesic
which is growing fastest is
'Anadin Extra'.

This year the brand has
been supported by a £1 mill-
ion national TV campaign
for the first time. With an-
other advertising spend due
to begin in November, sales
will undoubtedly continue to
increase.

Can you really afford
not to stock it?

'Anadin Extra' has a
sive case history,
launched in 1983.
The company sensed the
demand for a strong
added analgesic pro-
duct. Whitehall Laborato-
ries always held a belief
that a product will
meet with consumer approval.
This has been borne out in
their past advertising and new
product development.

Hence the combination of
aspirin 300mg, paracetamol
200mg and caffeine 45mg has
proved to be a winning formula
for 'Anadin Extra'.

The company's continuing
objective in the analgesic busi-
ness is to market a range of
products with a clearly defined
raison d'être that constitute
a valuable source of
revenue. All concerned and
whose 'quality and efficacy'
are widely accepted.



Clothier, RDC and rural GPs under attack

The Clothier agreement, the Rural Dispensing Committee and rural dispensing practices have come under attack in Lincolnshire from new LPC secretary, Noel Baumber who says: "It is an absolute myth that dispensing doctors are the only people who care enough about patients to want to deliver medicines and give a convenient service."

"This convenience is based on the ultimate 'leapfrog' of a dispensary in the surgery, but it does not respect the right of the patient to a level of safety and protection in the dispensing of medicines, and it dismisses the considerable need for public access to the advice and services available from a pharmacy," according to Mr Baumber, addressing its 13th annual one-day conference at Harlaxton Manor, Grantham on Sunday.

"The myth is sustained by the misnomer that doctors dispense. Some do, but most delegate the function and have neither the time nor the inclination to check what is being done in their name," Mr Baumber continued. "I suppose the myth has a certain romantic appeal about it — that the new patient has indeed found a caring doctor. This seems to disguise the utter impracticality of the notion just long enough for him to sign the option form!"

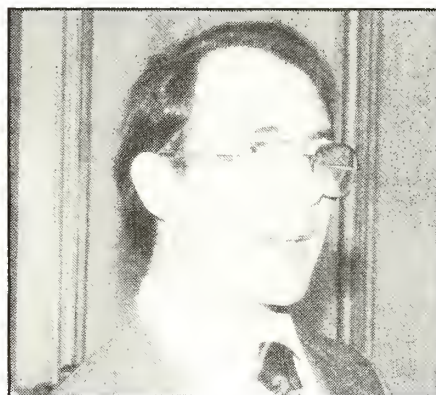
And Mr Baumber warned that Dr Michael Wilson, secretary of the General Medical Services Committee speaking at a recent consultation meeting on Primary Health Care, said that he would like rural dispensing arrangements to be determined on an individual patient basis. "Of course he did, because the patient is not in a balanced position to judge, or refuse, when the question is asked: 'Would you like me to dispense for you?'"

One method of combatting wrong impressions about the rural dispensing situation was getting it over to the public the fact that we can and do provide a service second to none, Mr Baumber said. "As part of that campaign we can all display in our pharmacies a sign which will broadcast our willingness to deliver when asked. I have here a sign which the NPA produced for me, which simply says: 'Please ask about our free delivery service'."

Another problem was the one mile limit itself, said Mr Baumber. "It may be the only protection we have enjoyed in the past from dispensing practices, but it is obsolete as a way of describing convenience, and its affects in rural towns are capable of killing off pharmacies and

the service they provide." He said it was retained by the hypocrisy of a medico-political lobby that would never apply the one-mile limit to medical practices in favour of patient convenience. "The truth is that patients are seldom inconvenienced by distance, but when they are, we should be doing something about it not the GPs.

In part the Clothier legislation was the answer in that it allowed new boundaries to



Noel Baumber, Lincs LPC secretary

be drawn outside the one mile circle. "We can now follow the shape of a town or city dividing that which is urban from that which is rural." But an urban boundary line did not go far enough in describing pharmacy's prescription catchment area." To protect small towns with urban boundaries inside the mile we need to protect the viability of the pharmacies with something like a three-mile limit.

However, more important than the one-mile or three-mile limits was recognition that, whatever the geography, communities and pharmacies were mutually dependent.

Pharmacy received no sympathy from the Rural Dispensing Committee which excluded from the equation rural communities not continuous with the urban area and separated by a barrier. "Nevertheless such communities are essential for the economic viability of the modern pharmacy and, even more so, if they consume domiciliary services from pharmacy without any recognition of the

costs involved. "The profession must research the sociology of this mutual dependency and develop a workable 'theory of dependent communities'. Just extending the radius of the one-mile limit does not automatically improve the service to a community, which is a vital factor to consider if we are to receive political support for that extension of protection."

Mr Baumber then gave some case histories of rural dispensing disputes in this country. One in particular highlighted "unfair" delays imposed on a pharmacy in Wellingborough by the Clothier system. The pharmacy applied to open up in November 1985. The RDC had now given the go-ahead for the pharmacy, however the doctors had appealed.

"If we win, then the gradualising conditions of the RDC will apply. Under these, four peripheral doctors will lose a small number of patients straight away. Delays of six and nine months, however, have been imposed on the transfer of patients from the remaining practices," Mr Baumber said. "Now for nearly two years the prospective contractor has had to pay rent on suitable premises, and has provided a full range of services from the first day of opening. You will see that the profession has no chance of creating a viable rural service with enthusiastic young pharmacists under these conditions.

"They are punitive regulations heavily biased against pharmacy. A GP applying to the RDC to dispense will continue to receive normal practice income until the day he is given permission."

Said Mr Baumber: "We believe that once it has been decided that a pharmacy should look after the pharmaceutical service then there should be a minimum of delay. Compensation should be swiftly met to cushion the effects, but 'gradualisation' should not be part of that compensation because it directly damages the provision of pharmaceutical service."

Mr Baumber also accused the RDC of having tunnel vision. The RDC now decided purely on the degree of prejudice or detriment that an application would have and did not look or give weight to the merits of many other objections raised. "Good businesses, and for that matter good medical practices, providing the finest services are prime targets for ruin because it appears that they can stand competition. This is a recipe for mediocrity not excellence, and that is bad management. The RDC seldom prescribes conditions to moderate detriment, and does not seek sufficient relevant information from Family Practitioner Committees or contractors to judge what financial conditions and trends will reign after a decision to change has been made," Mr Baumber concluded.

Responsible medicines communication 'key' for OTC pharmacy

In the aftermath of the limited list, the communication of professional qualities to the public is commercially wise for the pharmacist wishing to fight for his OTC medicines franchise. "If that same pharmacist is to have the exclusive responsibility and privilege of selling pharmacy-only medicines, it is essential that such communication takes place if professional credibility is to be maintained," Bernard Hardisty, director Sterling Winthrop Group told contractors.

Mr Hardisty said such involvement must also be evident in transactions involving dispensed medicines, especially with the advent of original pack dispensing. "It is obviously right that manufacturers' packs, designed as they are to protect the product and the public, to maintain quality, effectiveness and safety in storage and transit, should not be broken.

"But when all medicines are handed out in original packs the transaction will in the patient's eyes resemble the supply of any ordinary commodity. In the interests of the public the pharmacist must add to that transaction; must contribute from his knowledge and professional standing to make sure the medicine is used effectively and safely," he said.

And Mr Hardisty continued: "The profession's standing is certainly not enhanced when the prescription item is in a foreign language pack. The Pharmaceutical Society has consistently recognised that in its response to parallel imports. It has acted as it must do in relation to its twin responsibilities — to safeguard the public and to protect the profession."

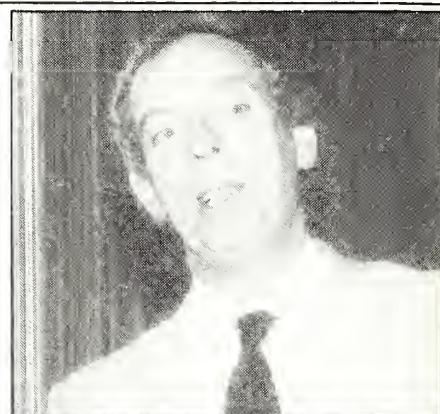
Pharmacists should not have allowed themselves to be seduced by the wheelers and dealers in parallel imports, Mr Hardisty said. "When all the legal and financial considerations have been debated the fact is that parallel imports can only further erode the professional image of pharmacy — especially if ignorance of complex methods of remuneration causes the patient to believe that the practice is engaged in solely to line the pharmacist's pocket."

"But what of the effect of the new contract?" asked Mr Hardisty. "Will it enhance or diminish the pharmacists' professional service to the public? Will it eventually mean that fewer and larger pharmacies will give more advice and counselling — allow more of a professional

contribution to the dispensing transaction — or will they be even more bogged down in the basic activity of dispensing even more NHS prescriptions?"

He suggested that ultimately it could mean that patients will have to seek pharmacies out to get NHS prescriptions dispensed. And he foresaw a time when their could be a two-tier health service. "We have to ask whether some pharmacies will, at sometime in the future, thrive in a newly created private sector of the prescription market. In that situation the customer could at least choose to have brand or generic and select the sources of manufacture, as happens in the USA."

Mr Hardisty warned delegates that any new NHS contract must be concerned to advance the profession's contribution to health rather than solely the interests of particular contractors or the Government's financial objectives. "The aim must not be to create a monopoly of dwindling worth



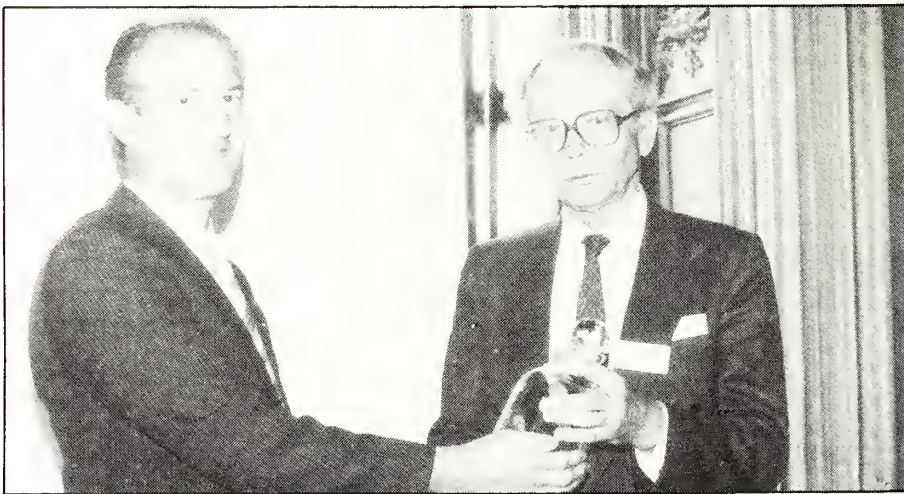
Bernard Hardisty

but to serve the public better and enhance their appreciation of the profession. For that to be the case the pharmacist must be seen and heard. That means he must have more time to spend with patients and customers."

New suggestions in Nuffield concerning supervision were timely, Mr Hardisty said, but their significance for activities within the pharmacy was possibly more important than extra-mural innovations which have tended to dominate their debate. "There is, after all, no suggestion of any relaxation of the pharmacist's legal and ethical responsibilities, but only the methods of maintaining that responsibility through exercise of supervision."

Crucial points in that supervision in respect of public safety and professional benefit were the handing over of a prescription and the handing out of a medicine. He would also be present at the point where the final check is made of the prescription, product and label of the dispensed item.

"He is also in a position to credibly supervise the sale of pharmacy-only medicines, and to intervene in all medicine sales where his contribution enhances the benefit of the medicine."



Pharmaceutical Journal Editor Robert Blyth, FPS, (right) is presented with a glass decanter by chairman of Lincs LPC Bernard Lewis, to mark his thirteenth and final attendance at the 13th annual Lincolnshire Conference. Mr Blyth is to retire at the year-end after 25 years service with the *PJ*. He gave the morning paper to contractors in which he reviewed his time in pharmaceutical journalism

A rural voice says 'use your chemist'

The "use it or lose it" philosophy of the Rural Voice Association applies to chemist shops in country areas and is endorsed by the Women's Institute, according to Kay Young, OBE, a leading light in both organisations. And she warns pharmacists to 'punch their public relations weight' in village life.

Mrs Young said that with the continuing centralisation of health facilities in rural areas and lack of adequate transport — the message of WI and Rural Voice to communities was to hang on to existing facilities.



Kay Young

This meant using the village pharmacy, not just for medicines and prescriptions, but also for other "chemist" lines. And she suggested the pharmacist should enter into a dialogue with the community to identify product groups that could be stocked and bought by villagers. "What is good business for you is good business for us!"

The village doctor provided a "sickness service", Mrs Young said. The pharmacist had the opportunity to provide a more all round health service and too iron out for the public much of the conflicting health and diet propaganda from Government agencies and manufacturing industry alike. The public could have confidence in the pharmacist because he was local, was a professional, and was available for health advice at the

same time as you non-medical lines were purchased. "You can ask advice without being seen to be making a fuss," said Mrs Young, who also favours a private corner with a seat for consultation.

And she suggested village pharmacists often let themselves down by not pushing themselves forward enough in the community — something the doctors could never be accused of. In her Hampshire village there were 17 organisations for women always needing speakers: "How often is a pharmacist on that list?" The important thing was to be known both by name and for the professional services you had at your disposal.

Turning to the Government primary health care paper and discussions Rural Voice had had with the British Medical Association, she advised pharmacists' leaders to follow the example of doctors and seek practice allowances for specific and additional health services. In her view the climate was right. There was a move to create stronger local health care teams and pharmacists should be important members of them.

TOP PRESS
appearing in major
women's magazines
during '86 and spring '87.



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Distributed by Eylure Ltd, Grange Industrial Estate, Cwmbran, Gwent NP44 3XR.
Chemist & Druggist 11 October 1986

A large glass bottle filled with a glowing orange liquid, labeled "process started 1st november", stands next to a copper pipe with a red valve handle. The word "Remember" is written in the top right corner.





Unican goes well before Christmas.

To home brewers and home winemakers, there aren't just twelve days of Christmas. There can be up to 42.

That's the longest time it takes to make one of Unican's home wines.

As home winemakers also like to let their wines mature after fermentation, they'll be looking for their Christmas tipple

right now. And they'll be looking for Unican.

We've got the widest choice of home wines, from Special Reserve to Three Week Wine, from House Reserve to Country Reserve. With a full range of beers to boot.

Display them all. Then stand by for an early Christmas bonus.



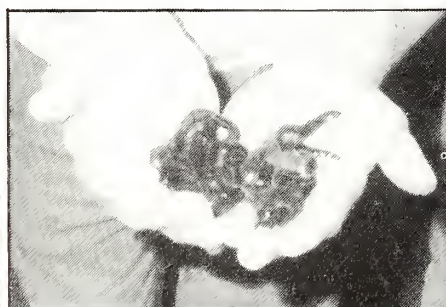
'We're more than just a leech farm...'

... so says Dr Roy Sawyer, founder of Biopharm UK Ltd, which he claims is the world's only leech farm. And he says that pharmacy's long association with these animals is likely to be renewed. A range of drugs derived from leech saliva is now a distinct possibility.



Managing director of Biopharm UK, Dr Roy Sawyer, who moved from the USA to Swansea to study leeches at the University there.

Hirudo medicinalis — popular with the NHS.



Leeches. The word conjures up an image of steamy South American swamps. Or Humphrey Bogart tearing the blood-hungry creatures from his body in "The African Queen". You do not generally associate leeches with Swansea railway station or British Steel. But, just five minutes drive from that station, a former BS Welfare Hall houses the world's only commercial leech farm — Biopharm UK Ltd.

This title is one the media have been swift to latch onto, and the farm has been the subject of much welcomed publicity since it opened in November 1984. But its founder, and self-confessed leech fanatic Dr Roy Sawyer, hopes that one day the breeding and supply of leeches to universities, hospitals, and research institutes worldwide, will cease to be the company's *raison d'être*. For the long-term objectives of Biopharm are to develop a range of enzymes, biochemical products, diagnostic kits and, ultimately, drugs from the salivary secretions of the blood-sucking animals. The company already markets a range of leech-derived products used primarily for biochemical research. And one of these is now under investigation for clinical use.

The idea of a "farm" or rather a research based company to investigate blood-sucking animals resulted from an expedition Dr Sawyer made to the Amazon in 1977. His purpose was to find the world's largest leech, *Haementeria ghilianii*, long-believed to be extinct.

Dr Sawyer was successful and duly returned to his research post at the University of California with 35 specimens. Shortly afterwards heparin was isolated from Amazonian leech saliva. This enzyme was found to lyse fibrinogen and fibrin. "It was an important discovery because for the first time it opened up the possibility of species diversity in the leech," says Dr Sawyer. He explains that the first substance to be isolated from leeches was the enzyme hirudin in the late 19th century. "Hirudin is an antithrombin, it stops blood clotting. The enzyme we discovered in *H. ghilianii* dissolves clots *after* they form. We saw the possibility of a whole range of pharmacologically active substances to be obtained from various species of blood-suckers." He saw potential for such products, but realised that he would have to form his own facilities for further development — Biopharm was born. And a timely revival of interest in the use of leeches in medicine has provided the impetus for the company to get under way.

As techniques in microsurgery improve, rejoining fingers and toes, ears, and even noses have become common surgical procedures. Such operations involve joining flaps of skin and numerous tiny blood vessels, and during the crucial days following the operation there is a danger that



The leech jar: once a familiar site in pharmacies.

the vessels will become blocked because of poor blood flow. Consequently the tissue becomes congested and may die. "The leech is now being called on in such cases," says Dr Sawyer. "After application of three or four leeches the tissue will bleed for up to twelve hours without clotting. There is no other known way of producing this prolonged localised bleeding. A lot of people out there still have ears and fingers because of the leech."

Biopharm supplies the European medicinal leech, *Hirudo medicinalis* for use in these circumstances, and the NHS is their biggest customer. The leeches are usually ordered by a doctor to treat a particular case, and the company offers a seven-day, same-day delivery service. However their fate is not a happy one. For sadly once the leech has done its job, gorged itself on blood, and saved the severed digit, it has to be destroyed. It cannot be used for more than one patient because of the risk of cross contamination.

Low antigenicity

The leeches intended for sale are kept in covered tanks at a cool 11°C, a temperature at which they are less active. They are fed only periodically as the hungrier they get the more effectively they perform. Breeding leeches are removed to a warmer room which houses shallow, moss-lined tanks, in which they form a cocoon which can contain up to 14 baby leeches.

Biopharm started with 5,000 leeches two years ago. Today they have around 30,000 and the demand for them is increasing all the time. "We are doing now five times the business we were doing this time last year," says Dr Sawyer. The company has an annual turnover of about £100,000.

However, what of Dr Sawyer's hopes for production of the pharmacologically active substances in leech saliva? He believes that these secretions and those of other blood-sucking creatures are to cardiovascular disease what penicillin was to bacterial infections.

"These substances could hold the key to mechanisms involved in every stage of the mammalian blood-clotting cascade. "The leech, in particular, is highly adapted to mammalian physiology through thousand

of years of feeding on them, and their secretions have low antigenicity in humans."

To date nine active substances have been isolated from leech saliva. They include an anti-coagulant (hirudin); a local anaesthetic (leech bites are painless); an antibiotic, and a dispersal agent.

The dispersal agent is marketed as Orgelase, and it was the first product to be isolated at Biopharm. It is a hyalurodinase, and unlike mammalian hyalurodinase which is obtained commercially from bulls, it does not degrade chondroitin, another component of connective tissue.

Like hementin from the Amazonian leech, Orgelase is used primarily by researchers to dissociate cells, and to study the novel breakdown products it forms from hyaluronic acid. More interestingly it is under investigation for use in the treatment of glaucoma. Dr Sawyer says it will prove useful also as a clinical tool in the connective tissue disorders. For example, in rheumatoid arthritis, where there is a high concentration of hyaluronic acid in the synovial fluid it could be used quantitatively.

At present hirudin, Orgelase, and

hementin are obtained from leeches in Biopharm's small but functional laboratory, built on what was once the stage in the Welfare Hall. But Dr Sawyer says that ultimately they will be produced by genetic engineering methods as they are all low molecular weight proteins which lend themselves to such techniques.

Joint venture

However, this is beyond the scope of Biopharm at the moment, and will entail a joint venture with a large pharmaceutical company. Several have expressed interest, says Dr Sawyer, but have failed to offer terms he feels able to accept. He wants to maintain complete control over Biopharm and its products, and until then he says the company will continue with its philosophy of "living within its means."

Dr Roy Sawyer has come a long way from his boyhood in the "swampy" State of South Carolina USA, where his fascination with leeches began. He completed his first research project on them at the age of 14. Recently the Oxford University Press have published a three-volume work, "Leech

Biology and Behaviour" which has taken him 12 years to complete.

His association with Swansea began in 1967 when he arrived at University College to study for his PhD under world leech expert Professor Knight Jones. He has lived and worked there ever since. Although the USA is likely to be Biopharm's biggest customer (Leeches USA Ltd was opened there recently by Biopharm), Dr Sawyer says he is happy to remain in the city, which has given a great deal of support to the company.

He is adamant that Biopharm has the potential to become a multi-million pound pharmaceutical company, and he says there is no limit to the number of products they can come up with. A proportion of these will find a role in medicine and scientific research.

"We want to look at all blood-sucking creatures and the secretions that interfere with the blood-clotting mechanism in humans. Eventually we should be able to identify exactly what the problem is in CV disease, and we can leave the shot-gun approach of heparin behind."

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Every pharmacy has five main functions to perform if it is to produce a profit: **buying** products for supply to customers; **selling** these products and the services linked with them; **financing** the activities of the pharmacy, arranging the **personnel** who are to help make everything possible, and finally **coordinating** the other four functions.

Any pharmacist doubting the importance of organisation should study the way Boots have tackled their own particular problems. The "single-handed" pharmacist has similar difficulties, although enjoying the advantages and suffering the disadvantages of a small scale operation. Coordination can be much less of a worry when you carry in your own head the details of harmonising buying, selling, financing and staffing your concern. On the other hand, you might covet the specialist resources only a large firm can afford to employ.

There are four broad types of organisation, of which the simplest and most commonly found in the small pharmacy is the first — the so-called "line" type.

Line Here, orders come direct from the boss to the manager or senior assistant, who passes on the instructions to more junior staff, who carry them out. The junior answers to his or her immediate senior, and the senior to the proprietor. Straightforward and obvious as this simple set-up appears, it is not error-free. If the owner by-passes senior staff, and juniors act similarly, teamwork ceases to exist. Without harmony, through clear definition of authority and responsibility, profit and job satisfaction are early casualties.

Line and staff The term "staff" is used here in the special sense, as in the army, where staff officers are in effect advisors — not in the direct "line" chain of command.

If you call on the services of a consultant to help with some problem in your pharmacy, you will not expect this advisor to give orders to your employees. Line people are those executives taking decisions and giving orders, dealing *directly* with the main functions of a pharmacy, while staff people in this context work with them, supplying specialist services.

Functional organisation An example of this is a group of pharmacies where the individuals responsible for a specialist activity carry it out for all the businesses. The burden of each manager is reduced — but against that, a manager might feel a diminution of role and authority.

Overall, the functional organisation does not tend to attract managers of the greatest initiative, if they are relieved of anything other than mundane, routine matters of paperwork. Many managers demur at having dictation on, for instance, what they are permitted to stock and which suppliers they can order from.

The five golden rules for profit

Continuing C&D's series of step-by-step guides to business success

Committee organisation The trite but relevant saying here is that the smaller the committee, the more efficiently it works, and that the ideal is a committee of one! Doubtless problems of communication and decision multiply as numbers in a committee grow. But wise chairmanship can deal with many of the difficulties. The chairman who is *primus inter pares* in ability as well as formally is almost beyond price.

The pharmacist who is under the day by day influence or control of non-pharmacists, in matters other than those where the pharmacist *must* have the final say, is in an awkward position unless the lay members are fully conversant with matters pharmaceutical. Purely commercial decisions are not necessarily the most profitable in pharmacy, but it can be very hard to convince some lay business people of this fact.

A board of directors of a limited company is a committee of a special type, not to be confused with the committee already described. Normally the directors would have a properly drawn up chain of command and responsibility, with delegated authority to take action. A pharmacist director lacking substantial capital can still ensure control, provided the types of shares issued and the voting powers are suitably dealt with. Often, if the pharmacist holds a majority of the ordinary shares, even if these make up only a very small part of the total capital issued, this can be enough. The pharmacist concerned would be foolish not to take expert legal and accountancy guidance before taking on such a commitment. And familiarity with the duties, powers and responsibilities of a superintendent pharmacist is essential.

The four types of organisation described are not in watertight compartments. Every pharmacy must find that kind, or blend, which is most likely to help.

Many pharmacists who have contrived to expand their business lack the insight to understand when it is time to make way for a successor. The need for a successor can be postponed by the proprietor who is ready to keep up-to-date in management techniques as in other facets of the profession. But every

pharmacy must include in the organisation plan the facility for renewal. No-one should be indispensable.

Incentives and disincentives: Before turning to specific incentives, we should remind ourselves that a key general incentive is to have a well-organised pharmacy. Most people wish to work in a business of which they can feel proud.

Since the theory of management has been given more prominence in many schools of pharmacy, graduates have become increasingly critical of their employers' methods. The employer who wants the highest quality of staff should measure up to the highest standards. Graduates must realise that practical experience should be combined with theory, and that the ultimate test is whether something works on the shop floor.

The following incentives are not necessarily in order of importance, as one person's incentive can be another's disincentive. But perhaps most would agree that the most potent single incentive is cash in some form or other, and cash is the first in our list. We should not overlook the "marginal value" applicable to many, if not all, incentives. Crudely, this suggests that the more we have of anything the less we value further increments. An extra ten pounds a week is likely to be more of an encouragement to the employee on a hundred pounds a week than to the one receiving two or three times that amount.

If everything else in a job were equal, pay would clearly be the governing incentive. But other things never are equal and we have to try and decide how far money can compensate for snags, and what non-cash benefits can make up for a smaller wage or salary. The most materialistic of employers must realise there are some conditions that employees will not accept, whatever the pay. Conversely, unless the pay is enough to satisfy elementary needs, no non-cash inducements will replace the deficit.

The direct and indirect ways in which cash can be paid over are numerous, and frequently so complex as to need expert handling. Pension schemes, insurances, living accommodation, car allowances, are only a few of the indirect means of transferring money value. A direct but deferred method is growing in popularity; profit sharing. If wisely devised and applied, this can be a most effective form of incentive. But the drawing up of a scheme is not for the amateur. Even to define what we mean by profit is a complicated issue.

The proprietor whose philosophy makes a profit-sharing plan attractive is wise to ponder on a few fundamental principles, and the most careful research is essential if profit sharing is to make the fullest contribution to profit and fulfilment.

PSGB initiative on teaching resources

The Pharmaceutical Society is to seek a meeting with the Department of Education and Science to discuss student/staff ratios and the level of resources for pharmacy teaching in both universities and polytechnics.

The decision was made at this month's Council meeting, after the Education Committee considered a Press report of proposals to increase student/staff ratios at Queen's University, Belfast. In correspondence with the university's vice-chancellor (Dr G S.G. Beveridge), the Society had drawn attention to the Nuffield Report's emphasis on the clinical aspects of pharmacy, education and training, and had confirmed Council's policy that the student/staff ratio for pharmacy should be between those of clinical and pre-clinical

medicine. The vice-chancellor had replied it was unlikely that teaching ratios at Queen's would be treated as indicated in the Press report. Pharmacy could not, however, be excluded from the university's investigation of creative ways of fulfilling teaching and research commitments in the light of the current economic situation.

In view of the continuing financial restrictions in higher education and the educational proposals of the Nuffield Inquiry, the Council considered that the time was appropriate to renew a request to the DES for discussions on the matter.

Healthcall verdict: Council has decided that pharmacists who are asked to distribute the directory of Healthcall recorded telephone messages should weigh up the merits and disadvantages of the service before doing so.

Healthcall offers over 120 tapes of medical information accessible by telephone. Each tape lasts between three and five minutes, and the calls cost 23p for one minute cheap rate, and 46p a minute standard and peak times.

There were reservations that patients might be making calls unaware that they could cost more than one pound, whereas advice from a pharmacist was free. Not all the subjects were those on which a pharmacist would wish to give advice, so there may be an advantage in patients making calls, provided they knew the cost.

Black list dispensing: The Society is to make representations to the Department of Health to authorise pharmacists to dispense, after appropriate endorsement, prescriptions for white listed products which are available only in one form but ordered by a black listed name.

Drug abuse video: Production of a videotape on drug abuse is to go ahead, and is to be aimed mainly at parents. Support is also being received for publication of an advisory manual on drug abuse, to be used by pharmacists in conjunction with DHSS drug abuse leaflets.

Complaints procedure: The Society is to oppose a proposal that the period during which a complainant about family practitioner service could be made should be extended from eight to 13 weeks.

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New ways and new drugs for arthritis

Drugs offering a novel approach to the treatment of arthritic diseases should become available over the next ten years.

These drugs will protect the joints against erosion or will modify the immune response to prevent the body attacking its own tissues, predicts Dr David Bloxham, head of biology, Roche UK Research Centre. Speaking at a symposium held by Roche last week, he said a crucial discovery was that interleukin-1, a protein present in white blood cells, plays a major part in the inflammatory response. It stimulates the release of prostaglandins and leukotrienes, enhances fibroblast proliferation and stimulates the release of the enzyme which initiates collagen breakdown — all of which are features associated with rheumatoid arthritis.

Genetic engineering techniques have

enabled large quantities of pure interleukin-1 to be isolated and studied in detail. One compound with an acceptable safety profile — R031-3948 — is about to be tried in man.

Roche are also investigating the possible use of retinoids, vitamin A derivatives which have profound anti-inflammatory effects and prevent cell infiltration at sites of inflammation. Retinoids appear to prevent activation of T-helper cells which trigger a series of immune responses.

Another approach is the development of compounds which prevent cartilage erosion. Roche have discovered some highly potent inhibitors of collagenase, the enzyme responsible for the initial degradation of collagen.

Professor Roderick Flower, professor of pharmacology, University of Bath, described work being done on lipocortin, one of a family of naturally-occurring anti-inflammatory proteins whose synthesis is controlled by glucocorticoids. It inhibits the enzyme phospholipase A2 which is involved in several events critical to the inflammatory response.

Post-grad courses popular in NI

Increasing numbers of pharmacists are attending post-qualification training courses, according to the annual report of the Pharmaceutical Society of Northern Ireland.

And the first local conference organised by the Society at Ballygally at the end of May was considered to be a success. It is hoped to hold the conference once every two years in future, according to secretary Derek Lawson.

The Society's financial year is to be brought forward two months to run from June instead of August. A ten month year will run from next August to June 1988, it is thought.

For the year to July 31 PSNI saw a surplus of income (at £62,674) over expenditure of £6,037. Dr Swanton's appeal for the Benevolent Fund raised £4,338. Grants made from the fund amounted to £5,390.

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Crawley down — Mrs Hastie comments...

I wish to make a few observations on your "Comment" in last week's issue of the *Chemist & Druggist*.

The public meeting called by the Residents Association in Crawley Down was for the purpose of finding a way to overturn the Secretary of State's decision. People supporting the pharmacy, therefore, did not attend and had no wish to be subjected to the disgraceful behaviour of the previous meeting (although this was kept in check this time).

It was sad no pharmacy representative was present but I believe this was by design of the organisers. I was asked to *attend* "out of courtesy" but when I inquired as to who would be speaking, the chairman said he had not been told. Surely if, as you say, the chairman called for a representative of the pharmaceutical profession from the floor, he should have made sure an invitation was sent either through me or the local Pharmaceutical Committee.

My application for a pharmacy in an area served by dispensing doctors was the first of its kind experienced by West Sussex LPC. Yet despite this, I have received unflinching help and encouragement from Mrs Hanson, the LPC secretary, and have often felt guilty at the amount of time she has given me. The day before the public meeting Mrs Hanson took time off to accompany me to a meeting with my MP, Nicholas Soames.

I have felt at times that I would have welcomed a properly organised and conducted meeting. However, a pharmacy representative at either of the public meetings held in Crawley Down would have had little or no effect on the emotions exhibited at both meetings.

At the present time I would advise any pharmacist contemplating an application to the Rural Dispensing Committee for preliminary consent to dispense in an area with dispensing doctors to think twice. It is a tortuous path. I do not think PR pressure is the answer as this reduces the exercise to a squabble between two professions, which benefits no one. Instead I would like to see certain regulations laid down in the procedure — for example all public meetings pertaining to the issue to be conducted by the FPC or RDC. More importantly, that any rules be adhered to and once the final appeal decision has been taken it should be accepted without recourse.

I do thank sincerely Mrs Barbara

Hanson; Mr John Davies, RPA, and Mr Stephen Axon, PSNC, for their physical and moral support and encouragement whenever I needed it.

C.G. Hastie
Crawley Down

...so does the LPC...

On reading the account in the *Chemist & Druggist* last week concerning the opening of a pharmacy in Crawley Down, I must make the following comments:

1. The meeting on September 25 was for members of the Crawley Down Residents Association.
2. The West Sussex Local Pharmaceutical Committee had not been invited to attend.
3. Due to the conduct at the previous meeting in December no member of the Committee wished to attend as an observer. They had attended, as such, the meeting in December to hear the profession mocked by a minority group.
4. They were not aware that such an experienced speaker as Dr Roberts had been invited.
5. The Secretary of State has reversed the decision made by the Rural Dispensing Committee thereby giving Mrs Hastie permission to open a pharmacy in Crawley Down. We are given to understand that his decision is final.
6. The local pharmaceutical committee is giving Mrs Hastie as much support as she feels she needs in order to establish a pharmacy in Crawley Down.

Barbara J. Hanson
Secretary, West Sussex Local
Pharmaceutical Association

...and John Davies!

Your report last week on the happenings at Crawley Down needs some details to complete the picture. I have been in touch with Mrs Christine Hastie throughout the whole affair. It was decided that it had been stage managed to such a degree that no good would come from a public slanging match. Mrs Hastie was intent in keeping a low profile, stating the necessary details for her application and for her appeal against the RDC decision. Since Mrs Hastie was aiming to create goodwill and freedom from acrimony she felt it judicious to keep away from the latest meeting on September 25 — it was obviously one at which intervention or defence would only create bad

interprofessional publicity. The lampooning performed by Dr David Roberts, chairman of the Dispensing Doctors Association, proved that Mrs Hastie was wise to stay away.

It has to be remembered that Mrs Hastie will be setting up as a community pharmacist in an area made hostile by the dispensing doctors. The patient and proper pharmaceutical services are the considerations that are paramount. The local people will be unaware of the services they have missed by not having a pharmacy. I am confident that Mrs Hastie will manage to convince the community that her presence will benefit patient needs.

The RPA's part in this affair has been to advise, and help where necessary by having someone on hand to represent Mrs Hastie at the first meeting which was, like the second, very much an organised anti-pharmacy affair; and to write a letter in the local Press advising against emotional responses and giving a factual description of the situation.

Crawley Down has certainly raised some interesting procedural matters. One must wonder whether the GMC is pleased at seeing such disputes being aired in public in the sort of way the chairman of the DDA did on September 25. One wonders why pharmacists have to pay compensation to doctors for the loss of their dispensing patients, when we have to put up with such malicious talk from the DDA. It is time that such compensation be granted only on condition that such behaviour as exemplified at Crawley Down is not repeated. If the Crawley Down doctors are to lose 5,000 patients then they will receive £2.65 per patient per year for five years, which comes from pharmacists and which is not even considered by the RDC when assessing the pharmacist's application.

The RPA will be fighting to see that this situation becomes more dependent on good behaviour or as an alternative throw the compensation for dispensing doctors into the laps of doctors themselves. Perhaps non-dispensing doctors may have a less generous response to a call on their finances.

John Davies
Secretary, Rural Pharmacists Association

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If you can't beat 'em... drug store profits beckon

Drug stores may be the way ahead for chemist chains, as the new outlets cream off large chunks of turnover at the smaller chemists' expense.

A new Verdict Research report on chemists and drugstores shows a marked contrast in turnover growth between pharmacy and drugstores' non-NHS business. Excluding Boots and Underwoods, chemists' non-NHS cash sales have gone up by less than a third in five years, while drug stores' sales have increased at ten times that rate.

Boots control over 40 per cent of all sales through dispensing chemists, say Verdict: a level of market penetration "unsurpassed elsewhere in the retail trade". And possibly too great a share — the report notes Boots' problem of saturation in geographical terms, as well as the success in some areas of more aggressive competitors.

And smaller chemist shops have also failed to compete with other retailers in their non-prescription sales. Verdict put this down partly to the difficulty of reconciling the two sides of their business, and add: "While the small chemists can continue to minimise their exposure to related but competitive areas and benefit from the profits on NHS activities their future is probably secure. If significant changes to reimbursement, remuneration or the regulation of prescribable drugs emerge, the situation could rapidly change for the worse."

A consumer survey showed over 70 per cent of respondents buying at least one item from a chemist or drug store during two weeks in July 1986. Toiletries came out top with 36 per cent; 24 per cent used pharmacy prescription services and 18 per cent bought OTC medicines. Nearly two thirds of adults had visited a chemist in the period and the average conversion rate of chemists' visitors to buyers was 85 per cent. About 21 per cent of adults had been to a drug store in the previous fortnight, with a marginally higher conversion rate.

The three most important considerations quoted by chemist customers were having the shop nearby (42 per cent); convenient opening hours (29 per cent) and low prices (28 per cent). Expert and helpful staff, and the required products being in stock were most important to 24 per cent. And selling a good selection of non-chemist goods came out towards the bottom of the poll, with 8 per cent of respondents.

Drug stores have virtually doubled their share of chemists' non-NHS sales in five years and now take 18.3 per cent (1980: 9.6 per cent) of this market. With their use of own label business and the scope for more drug store development, this sector operates on much better gross margins, say Verdict, commenting: "The PSNC believes that it has done a good job in maintaining (or perhaps marginally improving) chemists' NHS margins." However, Verdict wonder whether it will be enough. "In a broader retail context, it is clear that chemists are increasingly reliant on NHS receipts for their income. With growing competition for other sales from discounting drug stores and supermarkets, their chances of even holding on to the current share of this business must be rated as poor".

As for the retailers surveyed, Allens come out with some of the highest margins in the sector — "key features of this are the low overheads and central costs". While owners Combined English Stores see a potential 200-outlet target in five years, Verdict regard this as conservative: "The current trading area is centred around the North West, Midlands and Yorkshire, which implies that there is immense scope for further growth".

Billingtons, Lloyds and Ritedrug all operate in the drug store as well as the chemist sector — a trend among some chains which Verdict call: "A very promising development, and one we expect to gain ground over the next few years". "Chemists and drug stores", (£325), Verdict Research Ltd, 54 Britton Street, London EC1M 5NA.

Profits made particularly good progress in both retail and foodservice divisions, along with the industrial cleaning products, according to the company. Capital spends reached record levels, but the industrial chemicals' profits were down because of the fall in raw material and glycerine prices.

More generics on the scene

Another new firm has started up in generic wholesaling, serving London and the Home Counties.

Mr Noel Simpson — previously sales director with Southern Pharmaceuticals (Sangers, Maidstone) — has launched Generic Wholesale at Ewell village in Surrey. He told C&D: "I feel that there's a future in generic wholesaling, if it's done on a professional level. Obviously, a lot of people are doing it. But with my experience at Sangers I'm trying to put the full wholesaling image into the generics market".

The company is fully computerised and claims a "comprehensive" range of products. Mr Simpson commented: "I am already quite well known with chemists in the London area, and that should give us an edge". Generic Wholesale Ltd are based at 2 Ewell House, Epsom Road, Ewell, Surrey KT17 1NP (tel: 01 394 0651).

Yorkshire putting grocers ahead

Supermarkets and grocery stores have beaten the chemist sector by a long way in the Yorkshire region's toiletry sector.

The results of a recent survey conducted by Yorkshire Television show 78 per cent of people in the area using toiletries from these outlets during the preceding three months, with Asda alone accounting for 18 per cent. And the reason given by almost half of those questioned was convenience.

Chemists and drugstores accounted for 42 per cent of toiletry shoppers, with Boots the Chemist coming out on top with 27 per cent regularly choosing to shop there. The sector generally attracted more people who were looking for less essential products. For instance, suntan lotion was bought by a proportionately higher number of people from chemists and drugstores, with a third going to Boots.

Department stores and chain stores only managed to attract 8 per cent of toiletry shoppers in Yorkshire, with half of these in Marks & Spencer. The reason most commonly given was that these stores offered value for money.

The research was carried out through Research Surveys of Great Britain, using a sample of 1,000 adults, and the questions taken into YTV's Yorkshirescan scheme.

Chemist & Druggist 11 October 1986

P&G:V.G.!

Procter & Gamble's profits before tax were up by over £6m in the year ended June 30, 1986.

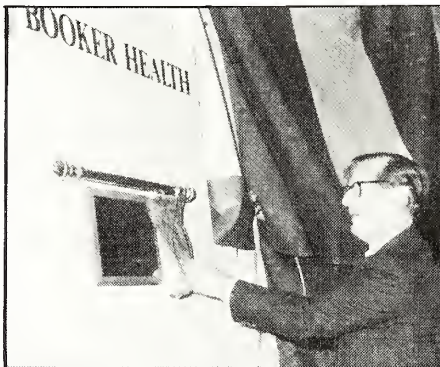
On turnover of £443m — up only 4 per cent on 1985 — the company made profits of £18.6m.

Date set for maternity scheme

The Government's new maternity pay scheme, SMP, will begin on April 6 1987.

The scheme will first apply to women whose babies are due in the week beginning June 21 1987, who have worked for the same employer for at least six months and who leave work on or after March 9 1987.

The new arrangements bring together maternity allowance and maternity pay into a single scheme to be paid by employers. The DHSS claims: "There will be some additional work, but the procedures will broadly follow those for statutory sick pay and maternity pay, with which they are already familiar. By allowing them to recover all the SMP they pay out as they do for SSP, it will mean dealing with only one department.



Lord Ennals, spokesman on health in the House of Lords, officially opened a new Booker Health factory in Lewes last Sunday. The 32,600 square foot factory on the Cliffe Industrial Estate is only eight miles from the company's old factory in East Hoathly but has triple the output capacity. The new factory will also allow the company to bring packaging under the same roof as tablet production, probably early next year. The opening was attended by about 180 employees, their families, local dignitaries and customers. Booker Health claim the factory has the most sophisticated quality control laboratory in the health trade, employing four technicians with plans for growth

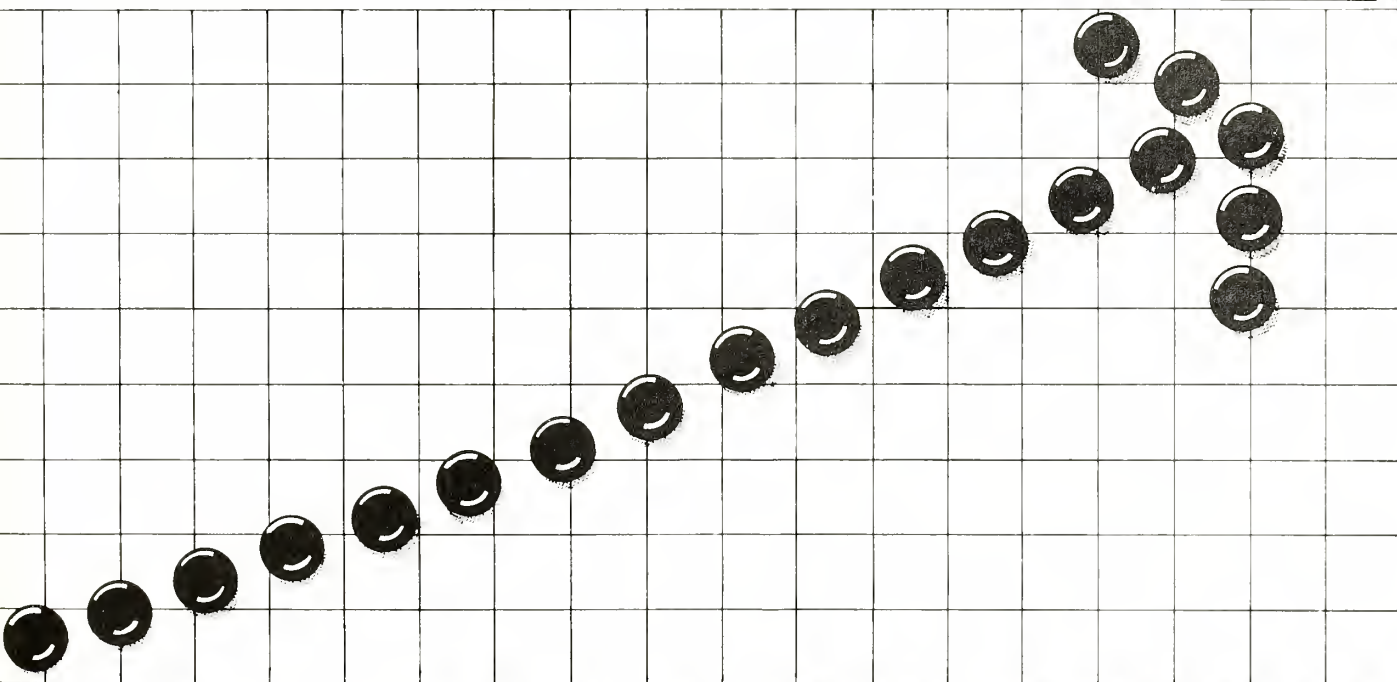
Better news in retail jobs

Job prospects in retailing are more encouraging in the next three months than this time last year, say temporary staff specialists Manpower Ltd, in a new survey of employers.

More jobs are now forecast in retailing by 65 per cent of employers — the highest proportion of any sector in Britain.

This proportion is above the same time last year (50 per cent) and seasonally above last quarter (41 per cent), Manpower report. Staff cuts are expected by only 7 per cent of employers. This is marginally less favourable to prospects than the Christmas quarter of 1985 (4 per cent) and is in line with the last quarter (8 per cent), say Manpower.

Cash & Security Equipment Ltd: Mr Terry Burke has been appointed national sales manager, Case handling division.



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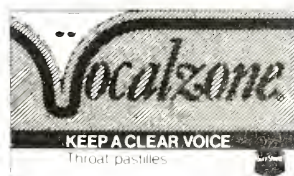
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VAT protest to Downing Street

A petition complaining about the new VAT penalties has been presented to the Prime Minister.

The National Federation of Self Employed and Small Businesses' petition, signed by 5,000 members, urged the Government to bring changes to new rules — introduced last week — establishing automatic surcharges for late payers.

Mr Ralph Jackson, the Federation's parliamentary officer, told *C&D*: "We drew attention specifically to the fact that automatic penalties have no flexibility whatsoever." The Federation asked for power for those who decide on VAT appeals to vary the penalties.

The petition also calls for cash accounting. Mr Jackson explained: "This would be particularly useful for credit traders with a lot of money outstanding and not enough on hand to pay the VAT."

UK shopping gets the boot...

Boots have commissioned a shopping survey which reveals that over half the population dislikes shopping — despite a £213bn spend in the High Street last year.

The survey shows that for 85 per cent of the respondents, price is a primary consideration when choosing where to shop. But few would go far to find the cheapest prices. In the South, 15 per cent said they would walk all round town to find a bargain, while 17 per cent of those interviewed in the North were not concerned how much they paid.

Price awareness was higher among top earners and folk in the North. And most admitted to buying unplanned purchases.

Boots are currently backing a "You can't buy cheaper" promotion covering 5,000 non-medical items with a £2m advertising campaign on national television and in the Press.

■ The new daily newspaper, *The Independent*, is betting on a "children's supermarket" as the likely format for Boots' new superstores. The first out-of-town store opens in February outside Dudley, in the West Midlands. *The Independent* expects it to be "a cross between Mothercare and Toys 'r' Us". But Boots themselves are still keeping quiet — other than to say that the details will be out towards the end of next month.



The Lord Lieutenant of Hertfordshire, Mr Simon Bowes Lyon (second left), presents the Queen's Award for Export Achievement to Kodak. Chairman and managing director Roy Milner receives the award, and Mrs Bowes Lyon looks on, with Mr Dennis Wilcox, manager of distribution operations

Reckitt put Seal on US buys

Reckitt & Colman are pushing on with their plan to increase their US presence, by paying £20m for the Gold Seal household goods firm.

Funds for the deal, which comes to about \$30m, will come mainly from the sale of Airwick's professional products unit. Reckitt & Colman will pay \$20m on completing the deal, and the rest in annual instalments over five years.

COMING EVENTS

Britchem '87 'best ever'

Britchem exhibition organisers are holding a day's seminar in London next month to help exhibitors at the March 1987, two-day event at the NEC.

Organisers Tabcon Marketing say the event will be "far more than just another trade show". Innovations for the exhibition which has "The Chemist of the Future" as a theme include: the formation of a steering committee seeking the views of the industry on what features they want to see to attract both exhibitors and visitors; a "motivational" seminar for exhibitors on the opening day; a Saturday and Sunday schedule; a gala night in aid of the Pharmaceutical Society Benevolent Fund; special deals on accommodation and travel, plus a programme of leisure events and entertainment for children. Details from Tabcon Marketing Ltd, The Courtyard, 14 Muswell Hill Road, Highgate, London, (tel 01-444 1777).

Patient care at the RPA

"Patient care and professional intercourse" is the theme of the Rural Pharmacists Association's annual meeting on November 15-16 at the Blunsdon House Hotel, Swindon.

Speakers include president of the Pharmaceutical Society, Dr Geoff Booth, and Dr Paul Stillman, a GP from Crawley, Sussex.

Full cost for the weekend is £45 which

includes a conference dinner on Saturday November 15. Further details from RPA secretary, Mr John Davies, The Pharmacy, 1 The Square, Wiveliscombe, Taunton, Somerset.

Monday, October 13

Plymouth and District Branch, Pharmaceutical Society, at 8 pm in the Board room, Derriford Hospital, Plymouth. Dr D. Bailey of the Welsh School of pharmacy on "The Medicine Man of West Africa".

Wednesday, October 15

Barking and Havering Branch, Pharmaceutical Society, 7.30 pm at the Academic Centre, Oldchurch Hospital, Romford. Detective Sergeant Smith will describe the work of the Metropolitan police drug squad.

Liverpool Branch, Pharmaceutical Society, at 8 pm in the Duncan Building, Royal Liverpool Hospital, Daulby Street, Liverpool 3. Buffet 7 pm. Mr Marsh Midda, consultant dental surgeon on "Toothcare — the new approach".

West Metropolitan Branch, Pharmaceutical Society, joint meeting with London branch of the Guild of Hospital Pharmacists at 7.15 pm in the Wellcome Foundation Building, 183 Euston Road, London NW1. Dr Anthony Pinching, senior lecturer and consultant immunologist at St Mary's Hospital medical school, on "AIDS".

Thursday, October 16

Wirral Branch and Birkenhead and Wirral Pharmacist's Association, Pharmaceutical Society, joint meeting with Liverpool Branch at 8 pm in Wirral post graduate medical centre, Clatterbridge Hospital. "Aspects of the blood transfusion service".

Dundee and Eastern Scottish Branch, Pharmaceutical Society, visit to H.M.C. Manufacturing Chemists (Vet Medicines).

Weald of Kent Branch, Pharmaceutical Society, at 7.30 pm in the postgraduate centre, Kent & Sussex Hospital, Tunbridge Wells. Dr A. Macdonald, consultant dermatologist on "Skin conditions and their treatment".

Advance Information

'Videotex in Retail', two day course on November 26-27 at Novotel London. Further details from Spectra Retail Concepts Ltd, (0734) 794161.

Sants Pharmaceutical Distributors Ltd Trade Show, October 15-16 at 551 Etruria Road, Basford, Stoke-on-Trent.

Interphex 86, international exhibition and conference for the pharmaceutical cosmetics, toiletry, perfumery, and allied industries, on November 25-28 at Metropole Exhibition Centre and Brighton Centre, Brighton. Running concurrently is the Interphex Conference, discussing Automation, OPD, and the Interphex packaging clinic. Further details from Cahners Exhibitions Ltd, Chatsworth House, 59 London Road, Twickenham TW1 3SZ.

Appointments

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THE POSITIONS

In order to consolidate/accelerate its momentum in terms of sales growth, the company is embarking upon a major expansion of its existing, substantial salesforce and intends to fill 12 additional territories across the U.K. in the locations outlined. The total expansion programme will be operational by January 1987.

The current salesforce is a dynamic team of young, ambitious individuals who are highly rewarded in terms of basic salaries and very attractive bonus schemes. Moreover, they are treated as more than just basic sales personnel due to the company philosophy of encouraging its salesmen/women to assume profit responsibility for their individual territories. This philosophy ensures a high degree of personal initiative and responsibility thereby stimulating job satisfaction.

THE CANDIDATES

The successful candidates, aged between 23 and 38, will be mainly experienced sales personnel, preferably with proven track records in chemist sales, f.m.c.g. sales or ethical pharmaceuticals. However, applicants with qualifications in science subjects or paramedical disciplines will be considered, even if they have no previous selling experience. Although these basic qualifications are important the most essential qualities that we are seeking are a high level of commercial acumen, discipline, dedication and a commitment to win!

If you feel you fit our profile, telephone Peter Hughes, our recruitment consultant, and/or write in the strictest confidence enclosing a full c.v. Local interviews will be held in October/November and the company's induction training course will be completed before Christmas 1986.

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NOW!

Three new faces in NI Council

Three new faces have been elected to the Council of the Pharmaceutical Society of Northern Ireland.

The new members are Lesley Anderson, secretary of the Young Pharmacists Group; Robin Holliday, proprietor pharmacist, vice president of the Ulster Chemists Association and member of the Pharmaceutical Contractors Committee; and Ronald McMullan, pharmaceutical officer, Northern Ireland Central Services Agency.

Other representatives elected to Council are John Harvey Gilbraith, Joshua Kerr, and Margaret Watson.

Terence Hannawin, Brendan Kerr and Malcolm Napier (the only sitting member not re-elected) and James McElnay were not elected. There were ten candidates for the six places.

The votes cast were Joshua Kerr 244, Margaret Watson 213, Ronald McMullan 188, John Harvey Gilbraith 181, Robin Holliday 149, Lesley Anderson 146, Brendan Kerr 126, Terence Hannawin 125, James McElnay 102, and Malcolm Napier 101.

Success stories

The following students on the National Pharmaceutical Association's dispensing technicians course, have been successful in the Society of Apothecaries examination.

Karen Francis, Déan & Smedley, Derby, Derbyshire; Wendy Barrington, Cox & Robinson, Olney, Buckinghamshire; Claire Lyon, Savoury & Moore, Hove, Sussex; Rachel Phenix, Corson Pharmacy, Keyworth, Nottinghamshire; Deidre Davies, Savoury & Moore, Bournemouth, Dorset; Amanda Townsend, GK Chemists, Stroud, Gloucestershire; Nichole Wyman, SF Brown, Tonbridge, Kent; Donna Turnbull, GB & CA Davies, Macclesfield, Cheshire; Stephen Reeson, Selles, Louth, Lincolnshire; Pauline Jones, JH. Ryan Limited, Herne Bay, Kent; Vanessa Austin, Savoury & Moore, New Romney, Kent.



"You can't keep a good man down". Buoyant as ever, National Pharmaceutical Association assistant secretary Jim Downing surfaces on his recent Summer holiday

APPOINTMENTS

Minister to chair NHS Board

Health Minister Tony Newton has been appointed chairman of the NHS Management Board. He succeeds Mr Victor Paige, who resigned the post less than 18 months after his appointment.

Sir Roy Griffiths, deputy chairman and managing director of J Sainsbury plc, becomes deputy chairman and the Government's advisor on NHS management, with direct access to the Prime Minister. Mr Len Peach, currently personnel director and acting chairman, becomes chief executive.

Mr Newton's appointment is seen as something of a surprise, but one of the

main reasons Mr Paige gave for his resignation was the conflict between his and Ministers' objectives for the service.

Ever Ready: Terry Turner becomes sales director, with responsibility for all sales including major accounts. He was previously general sales manager.

Focus on Legs: Paul Rushmere joins the company as sales director. He moves from his position as national sales manager at Pretty Polly.

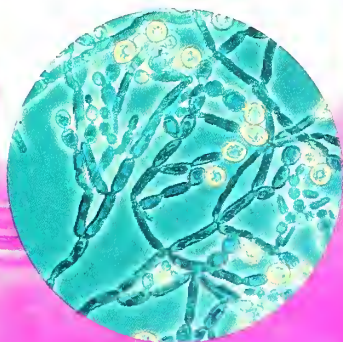
Roche Products: Mr W.M. Burns has been appointed pharmaceutical sales and marketing director, replacing Mr Jim Munroe.

DHSS: John Major, Minister for Social Security, is to be Minister for the Disabled. He succeeds Mr Tony Newton, from whom he took over the job of Minister for Social Security last month.

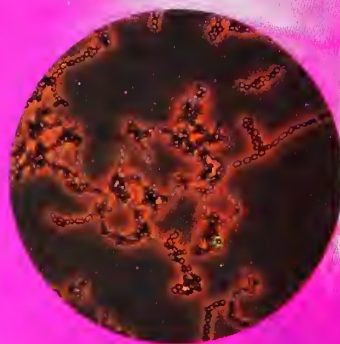


Jersey's BP Conference tennis tournament was won by Ken Walton and Sue Le Quesne, here with (back, left to right): Robin Hill, Ken Walton, Jane Moss and Hans Elg. Front: left to right: Sue Le Quesne, Dai Bowen, Inez Pantry, Kath Fullerton and George Wright. And this shot is by Graeme Le Quesne, one of the players

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Reference 1. Ashley KC, J Appl Microbiol 1984 56:221-5 Prescribing Information **Composition:** Clear red-coloured solution containing hexetidine 0.10%. **Indications:** Anti-infective agent indicated for mouth infections such as gingivitis, pyorrhoea, stomatitis. Also of value in aphthous ulcers, dental ulcers, halitosis, pre and post-dental surgery, oral thrush and in genitric nursing. It is also of value as an adjuvant of systemic therapy in tonsillitis and pharyngitis. **Dosage:** Adults and children use the mouth or gargle with at least 15ml of Oraldene two to three times a day. Oraldene should not be diluted. **Contra-indications, warnings etc:** Oraldene has no known contra-indications, it should not be taken internally. Very rarely mild local irritation of the buccal tissues. **Product Licence Number:** 0019/5022 **Cost:** 100ml x 12, List price ex VAT — £6.89, 200ml x 12, List price ex VAT £10.79. Data sheet available on request. Oraldene is a trademark.